Introduction

This survey is designed to give you the chance to provide feedback on your perception of your role as a partner in this activity. Please take the time to answer the questions thoughtfully. If you do not wish to answer a particular question for any reason, you may leave it blank. If at any point you decide that you feel uncomfortable taking this survey, you may choose not to do so.

What is the nature of your relationship with the activity? Please be as detailed as necessary.

Has your input into the activity made a difference? If so, in what way?

Has the partnership with the leaders of this program been up to your expectations? If not, why not?

What is the value of your part in the partnership?

What suggestions would you have for better leveraging that value?

Would you recommend a partnership of this type to other peers in your industry?
  - Definitely!
  - Only if they were specifically interested in the subject
  - No

Do you wish to continue this partnership in the future?
  - No
  - Yes
  - Yes, but only if certain conditions were met

If you answered with the third response, what conditions?