



## WV LTAP Needs Assessment Survey

### 1. General Information

#### 1. Which of the following best describes your organization or agency?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Municipality (City/Town)     | <input type="checkbox"/> State Government        | <input type="checkbox"/> Federal Government   |
| <input type="checkbox"/> Private Agency               | <input type="checkbox"/> Public Service District | <input type="checkbox"/> Academic Institution |
| <input type="checkbox"/> Police Department            | <input type="checkbox"/> Fire Department         |   |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

#### 2. What is your position?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Director                     | <input type="checkbox"/> Superintendent   | <input type="checkbox"/> Engineer           |
| <input type="checkbox"/> Administrator                | <input type="checkbox"/> Elected Official | <input type="checkbox"/> Equipment Operator |
| <input type="checkbox"/> Clerical                     | <input type="checkbox"/> Maintenance      |   |
| <input type="checkbox"/> Other (please specify) _____ |   |   |

#### 3. How many employees in your agency are responsible for managing, maintaining, or working on the roadway and in the right-of-way?

- 1 - 5                       6 - 10                       11 - 15                       16 - 20                       21 - 25

Other (please specify) \_\_\_\_\_

#### 4. Are you familiar with the WV Local Technical Assistance Program (WV LTAP) and our available services?

- Yes       No

Additional Comments:

#### 5. Do you receive, or are you familiar with the WV LTAP's quarterly newsletter, Country Roads and City Streets?

- Yes       No

#### 6. How do you prefer to receive eight to twelve page newsletters?

- I prefer receiving a printed copy in the mail.
- I prefer having a link to the newsletter pdf emailed to me.
- Other (please specify) \_\_\_\_\_

## **2. Lending Library & Technical Assistance**

**1. Are you aware that the WV LTAP Center maintains a lending library of VHS tapes, CD-ROMS, DVDs, and publications that are available for a free two-week loan period?**

Yes  No

**2. Have you ever borrowed any material from the WV LTAP lending library?**

Yes  No

**3. We are constantly trying to update our lending materials. Please list any suggestions you have for material topics. For instance, if you would be interested in borrowing a CD-ROM on chainsaw safety, please list this below.**

**4. Are you aware that the WV LTAP staff is available to come to your community to provide technical assistance and expertise on a variety of issues?**

Yes  No

**5. Do you have any areas of need where your community or agency could benefit from personalized technical assistance from the WV LTAP staff? (Please check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Drainage Issues        | <input type="checkbox"/> Proper Pothole Patching Methods            |
| <input type="checkbox"/> Intersection Safety    | <input type="checkbox"/> Sidewalk Assessments                       |
| <input type="checkbox"/> Parking Issues         | <input type="checkbox"/> Traffic Counting and Speed Data Assistance |
| <input type="checkbox"/> Pavement Mix Questions | <input type="checkbox"/> Traffic Sign Reviews and Assessments       |
| <input type="checkbox"/> Other _____            |   |

## **3. Computer Use**

**1. I use a computer at (Please check all that apply.)**

- Work  Home  a Friend's House  the Library  
 Other (please specify) \_\_\_\_\_

**2. Do you have access to the Internet on a regular basis?**

Yes  No

## **4. Internet Use**

**1. I use the Internet at (Please check all that apply.)**

- Work  Home  the Library  a Friend's House  
 Other (please specify) \_\_\_\_\_

**2. The Internet connection type that I have the most access to is**

- Dial-up  High Speed  Not sure

## **5. Training Logistic Information**

### **1. How do you prefer to be notified of upcoming training?**

- Phone
- Email
- Mail
- Other (please specify) \_\_\_\_\_

### **2. What training lengths work best for your schedule? (Please check all that apply.)**

- 1/2 day (3 to 4 hours)
- 1 day (5 to 7 hours)
- 2 days
- Other (please specify) \_\_\_\_\_

### **3. What are the specific months you prefer to attend training? (Please check all months that apply.)**

- |                                   |                                 |                                    |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> May    | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June   | <input type="checkbox"/> October   |
| <input type="checkbox"/> March    | <input type="checkbox"/> July   | <input type="checkbox"/> November  |
| <input type="checkbox"/> April    | <input type="checkbox"/> August | <input type="checkbox"/> December  |

### **4. What day(s) of the week do you prefer to attend training? (Please check all that apply.)**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Wednesday |                                   |

### **5. What is the longest travel time you would be willing to incur each way to attend a half day workshop?**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> 1 hour or less | <input type="checkbox"/> 4 to 6 hours |
| <input type="checkbox"/> 2 to 4 hours   | <input type="checkbox"/> 6 to 8 hours |

### **6. What is the longest travel time you would be willing to incur each way to attend a full day workshop?**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> 1 hour or less | <input type="checkbox"/> 4 to 6 hours |
| <input type="checkbox"/> 2 to 4 hours   | <input type="checkbox"/> 6 to 8 hours |

### **7. Which of the following is most accurate in describing your training budget?**

- It has increased.
- It has decreased.
- It has remained the same.
- We do not have a training budget.

### **8. Are you interested in receiving training on the web or through distance learning sessions?**

- Yes    No

## 6. Training Topics

### 1. Are you familiar with the Roads Scholar program?

Yes  No

Additional comments

### 2. The WV LTAP is looking at developing additional workshops. Please rate how important each topic is to you.

	Not Important	Somewhat Important	Important	Very Important	N/A
Access Management	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Advanced Work Zone Traffic Control	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Asphalt Specifications, Construction and Inspection	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Asset Management - What do you have and where is it?	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Concrete Specifications, Construction and Inspection	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Drainage Design and Layout	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Fundamentals of Intersection Design and Traffic Control	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Geotextiles in Transportation Applications	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Grant Writing for Local Agencies	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Incident Management-Dealing with the Unexpected	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Maintenance of Small Bridges	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Pavement Management Systems	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Project Scheduling and Management	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Road Safety Improvement Programs	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A
Unpaved Road Maintenance	<input type="checkbox"/> Not Important	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important	<input type="checkbox"/> N/A

Other (please specify)

## **7. Additional Information**

**1. Please list any other suggestions or comments you have to help us improve our services and programs.**

### **2. Optional Information:**

<b>Name:</b>	
<b>Company:</b>	
<b>Address:</b>	
<b>City/Town:</b>	
<b>State:</b>	
<b>ZIP/Postal Code:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	

### **3. I would like to have a WV LTAP staff member contact me regarding:**

**(If you wish to be contacted, please make sure you complete your contact information in question 2 above.)**

- Available programs and services
- Receiving training announcements and the quarterly newsletter
- Technical assistance
- Borrowing materials from the lending library