



## Small Group Survey

Program name: \_\_\_\_\_

Contact person(s): \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your agency currently running a small group? (Note: A "small group" is defined as two or more students learning together with one or more tutors/instructors.)

YES       NO

If you answered yes to this please fill in Part A. If you answered no please fill in Part B. Please feel free to add any comments to this page after you have completed your respective survey questions in Part A or B.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Part A**

Note: If you have more than one "small group" please fill out an individual Part A for each group.

1. Please describe the group briefly. (e.g. Does the group have a name? Is the group straight literacy or is it a special interest group? Do you use computers for instruction?)

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2. How many students are in the group? \_\_\_\_\_

3. How many tutors/instructors are there for the group (what is the ratio of students to tutors)? \_\_\_\_\_

4. Where is the group held? \_\_\_\_\_

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5. Do you pay extra money to rent out space especially for the group? If so, how much space do you rent, where is it, and how much do you pay?

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6. Please outline how often and at what time the group is held? \_\_\_\_\_

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7. Describe how the room is set up for working with the group. Please attach a diagram if necessary. \_\_\_\_\_

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8. Which Laubach materials are used with the group? \_\_\_\_\_

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9. Do you make modifications to the Laubach materials used by the group? If so, please describe: \_\_\_\_\_

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**APPENDIX B**

10. Describe any non-Laubach materials that are used with the group. \_\_\_\_\_

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11. Are the students in the group at the same LBS level? If so, please indicate approximate level. If not, please indicate number of students at each level.

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12. Is the group led by a volunteer tutor, a paid tutor, or both? \_\_\_\_\_

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13. How long has the group been running? \_\_\_\_\_

14. Does the group run all year long? If not, please explain. \_\_\_\_\_

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15. Would you be interested in becoming a reference group member?

YES       NO

16. If necessary, would you feel comfortable having me visit your program to observe your small group?

YES       NO

**Part B**

1. Is your organization considering or have you ever considered running a small group?

YES       NO

2. If you are considering starting a small group what are your main reasons for doing so? (e.g. contact hours, diversification of services).

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3. Would you be interested in becoming a reference group member?

YES       NO

