LTSAE FOLLOW UP Webinar Satisfaction Survey

Form Approved OMB No. 0920-0919 Exp. Date 01/31/2015



Centers for Disease Control and Prevention

www.cdc.gov/actearly 1-800-CDC-INF0

Thank you for taking time to complete a follow up survey to CDC's "Learn the Signs. Act Early." webinar.

The public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-0919).

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| LTSAE FOLLOW UP Webinar Satisfac | ction Survey | | | | | | |
|---|---|---|-----------------------------------|--|--|--|--|
| | | | | | | | |
| 1. Name of organization or agency where you work: | | | | | | | |
| , | | | | | | | |
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| | | | | | | | |
| 2. In which state or territory are you located? | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 3. Current role or job title: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. In your current position, do you have dir | rect contact with parents of children under the age of 5? | | | | | | |
| Yes, frequently | | | | | | | |
| Yes, but infrequently | | | | | | | |
| No, not at all | | | | | | | |
| No, not at an | | | | | | | |
| 5. Which best describes the primary ethnicity or ethnicities of the populations that your organization serves? (check all that apply) | | | | | | | |
| Hispanic or Latino | , | | | | | | |
| Not Hispanic or Latino | | | | | | | |
| 1101 Hispanic of Catho | | | | | | | |
| 6. Which best describes the primary race(s) of the populations that your organization serves? (check all that apply) | | | | | | | |
| American Indian or Alaska Native | s) of the populations that your organization serves (effect all that appry) | Native Hawaiian or Other Pacific Islander | | | | | |
| Asian | | White | | | | | |
| Black or African American | | *************************************** | | | | | |
| | | | | | | | |
| 7. Which best describes the other demographics of the populations that your organization serves (check all that apply): | | | | | | | |
| Immigrants | High-income | <i>y</i> - | Mostly English Speakers | | | | |
| Refugees | Urban | | Mostly Spanish Speakers | | | | |
| Low-income | Suburban | | Mostly Spakers of Other Languages | | | | |
| Middle-income | Rural | | - many whamens at pass randondes | | | | |
| Missie-income | Rural | | | | | | |

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| LTSAE FOLLOW UP Webinar Satisfaction S | urvey | | | | | | |
|---|----------|-------------------|----------------|-------|--|--|--|
| | | | | | | | |
| 8. How much do you agree with the following sta | tements: | | | | | | |
| | Disagree | Somewhat Disagree | Somewhat Agree | Agree | | | |
| I recall some of the information I learned from the webinar. | 0 | 0 | 0 | 0 | | | |
| I already knew about "Learn the Signs. Act Early." before the webinar. | \circ | 0 | 0 | 0 | | | |
| I already used "Learn the Signs. Act Early." before the webinar. | 0 | 0 | 0 | 0 | | | |
| Because of the webinar, I became interested in using CDC's "Learn the Signs. Act Early." materials. | 0 | 0 | 0 | 0 | | | |
| 9. Because of the webinar, I have since (check all that apply): | | | | | | | |
| visited the CDC's "Learn the Signs. Act Early," website presented. | | | | | | | |
| printed or ordered CDC's "Learn the Signs. Act Early." materials. | | | | | | | |
| used CDC's "Learn the Signs. Act Early," materials to track at least 1 child's development | | | | | | | |
| | | | | | | | |
| 10. Since the webinar I have shared CDC LTSAE resources with (check all that apply): | | | | | | | |
| Colleagues | | | | | | | |
| Parents | | | | | | | |
| Teachers | | | | | | | |
| No one | | | | | | | |
| Others (please specify) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11. If you would like help in using CDC LTSAE materials please enter your email address: | | | | | | | |
| | | | | | | | |
| | | Prev Done | | | | | |