**NCECHW INFOLINE EVALUATION**

You sent an inquiry that was responded to by the National Center on Early Childhood Health and Wellness. We are always striving to improve our programs and services. Please take a moment to tell us how we did by completing the survey below.

1. **Your organization (please check all that apply):**

🔿 Child Care

🔿 Head Start

🔿 Community Partner

🔿 Other (specify)

1. **Your role (please check all that apply):**

🔿 Parent/Caregiver/Guardian

🔿 Family Child Care Specialist/ Provider

🔿 Home Visitor

🔿 Teacher/ Teacher's Aide/Assistant/ Educator / EHS Caregiver

🔿 Health Manager/ Coordinator/ Specialist

🔿 Child Care Health Consultant

🔿 Mental Health Content Manager/Coordinator

🔿 Mental Health Consultant

🔿 Nutrition/Food Services Content Manager/Coordinator

🔿 Disabilities Manager/ Coordinator/ Specialist

🔿 Education Content Manager/Coordinator

🔿 Family Services Manager / Coordinator/ Advocate

🔿 Center Director/ Supervisor/ Manager/ Coordinator

🔿 Governing Body/Board Member/Policy Council

🔿 Technical Assistance Staff

🔿 Federal Staff

🔿 Child Care Partner

🔿 Community Partner

🔿 Dental Hygienist Liaison

🔿 Head Start Collaboration Office

🔿 Licenser

🔿 Health Care Provider

🔿 Other (specify)

1. **Years in your current role**
2. **What type of information were you requesting in your Infoline inquiry? (please check all that apply)**

🔿 Webinar

🔿 Training

🔿 Materials/Resources

🔿 Other (specify)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **The response to my inquiry met or exceeded my expectations.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| 1. **I was satisfied with the quality of the response.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| 1. **I was satisfied with the timeliness of the response.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| 1. **The responder was knowledgeable in the content area.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| 1. **The responder was responsive to my questions and need for information.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| 1. **The content of the response was relevant to my work.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| 1. **Please let us know whether you found the content in the response to be too simple, too advanced, or just about right.** | | | | | | | | | | | | |
| 1  Far too advanced | 2  A bit too advanced | | 3  About right | | | | 4  A bit too simple | | | | 5  Far too simple | |
| 1. **The response deepened my knowledge of the topic presented.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| **I plan to use information I learned from the response to…** | | | | | | | | | | | | |
| 1. **Create practice or policy changes in my organization.** | | | | | 1  Strongly Disagree | 2  Disagree | | 3 Agree | | 4  Strongly Agree | | 5  N/A |
| 1. **Build collaborations with others.** | | | | | 1  Strongly Disagree | 2  Disagree | | 3 Agree | | 4  Strongly Agree | | 5  N/A |
| 1. **Make changes to improve my practice.** | | | | | 1  Strongly Disagree | 2  Disagree | | 3 Agree | | 4  Strongly Agree | | 5  N/A |
| 1. **I learned something from the response that I plan to use in my work.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| 1. **I plan to share the information from the response with others.** | | | | | | | | | | | | |
| 1  Strongly Disagree | | 2  Disagree | | 3  Agree | | | | | 4  Strongly Agree | | | |
| 1. **How likely would you be to use the Infoline again?** | | | | | | | | | | | | |
| 1  Extremely Likely | 2  Likely | | 3  Unlikely | | | | 4  Extremely Unlikely | | | | 5  N/A | |

1. **Please provide an example of how the Infoline response made a difference for your program.**
2. **Which type(s) of information could the Infoline provide that would help you improve your practice?**

Thank you for your participation and feedback.