

Attachment G: Learning Session Overall Evaluation

Culture of Continuous Learning Project: A Breakthrough Series Collaborative for Improving Child Care and Head Start Quality

The purpose of the information collection is to gather feedback on Core BSC Team Members' experiences for each of the two days of the Learning Session; Learning Sessions will occur four times over the course of the project. The Day 2 Evaluation collects information on participants' general perceptions of the learning session and self-reflections of social and emotional teaching practices and improvement. The Study Team will analyze this information secondarily to determine whether the training and support provided to the Core BSC Teams worked well and whether the Implementation Team was able to be responsive to the Core BSC Teams.

This information is planned to be used to further the proper performance of the functions of the agency by examining the perceived utility of the BSC Learning Sessions to support quality improvements in child care and Head Start settings.

Public reporting burden for this collection of information is estimated to average 15 minutes per response. This collection of information is voluntary and all responses collected will be kept private to the extent permitted by law.

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. The OMB number for this information collection is 0970-XXXX and the expiration date is XX/XX/XXXX.

Overall Evaluation

*This **two-page** evaluation is intended to help assess how well this Learning Session was able to meet our goals.
It is anonymous and is for planning purposes only, so please be candid!*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
1. The [insert session specific title] helped me achieve [insert session learning objectives].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The [insert session specific title] helped me achieve [insert session learning objectives].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Each of the Team Meetings was important to give my team time to process what we learned and translate our learning into action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The [insert session specific title] helped me achieve [insert session learning objectives].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The Affinity Group Session (Day 2 – meetings by role) allowed me to share my strengths and concerns with others in like roles from other teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Inspiration and Commitment: Overall, I am leaving this Learning Session feeling inspired, empowered, and committed to testing improvements in my practice when I return home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Flow and Structure: This meeting had the right mix of small group and large group discussions to ensure all voices and perspectives were heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Balanced Focus: We had the right mix of “content” work (focus on social and emotional learning) and ‘process’ work (using the Driver Diagram, the Model for Improvement, PDSAs) to continue moving this work forward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Overall: This Learning Session was a good use of my time, with a solid focus, engaging activities,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

-PLEASE TURN OVER TO COMPLETE THE OTHER SIDE-

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
and concrete results.						

10. What (if anything) **surprised** you about this Learning Session?

11. Please use the space below to comment on what you thought was **best** about the Learning Session.

12. Please use the space below to comment on what you thought could **most use improvement** about this Learning Session.

13. Please use the space below to provide any other reflections, comments, or recommendations you have about the Learning Session or the BSC overall.