Survey of Head Start Grantees on Training and Technical Assistance

Head Start Manager/Coordinator Survey (Wave 2):
Family and Community Services

INTRODUCTION

Thank you for responding to this survey for [HEAD START GRANTEE], which is the recipient of the following grants from the Office of Head Start in the Administration for Children and Families:

(LIST OF GRANTS RECEIVED).

About the survey. NORC at the University of Chicago is conducting the Survey of Head Start Grantees on Training and Technical Assistance (T/TA) under a contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (DHHS). The purpose of the survey is to inform ACF about three aspects of Head Start grantees' T/TA experience: 1) search and selection of T/TA; 2) receipt of T/TA; 3) and potential relationships between T/TA received and perceived changes in practice.

About your participation. Your participation in the survey is voluntary. You may refuse to answer any questions you are not comfortable answering. To maintain the privacy of your participation, we will remove all identifying information and replace it with a study ID. Only the researchers involved in the study will know that someone from your organization participated in the study. To minimize risks to loss of privacy, we are using a secure system to collect these data.

How long it will take. The survey will take about 45 minutes to complete. This includes time to review instructions, search existing data resources, gather the data needed, and complete and review the survey.

How the information will be used. Information from this survey will be used for research and program improvement purposes only (not for monitoring purposes). The information you provide will be combined with information from other grantees. At the end of the study, we will give ACF a dataset with all participants' responses, but it will not associate your organization with your responses. Your name or the name of your organization will not appear in any public document produced as part of the study. Your information will be used only for the purpose of the study and will be kept private to the extent allowed by law.

SURVEY DIRECTIONS

This questionnaire will focus on **family and community services** related to your agency's Head Start grants, including activities you may have in Head Start, Early Head Start, Migrant and Seasonal Head Start, and/or Early Head Start Child Care Partnerships (referred to in this survey as "Head Start programs"). Throughout this questionnaire, "agency" refers to the larger organization of which your Head Start program is a part.

If you would like more information about the study, please call 1-xxx-xxx-xxxx or send an email to HeadStart-TTA@norc.org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

Paperwork Reduction Act Statement

The described collection of information is voluntary. 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 the described information collection is XXXX-XXXX and the expiration date is XX/XX/XXXX.

Section I. Structure and Staffing in Domain

Let's begin with some questions about your own role and how family and community services activities are staffed in your Head Start program.

I.1. Please tell me your job title related to family and community services activities:
_____

I.2. Some of the major areas of family and community services activities in Head Start programs are listed below. For each one, please tell me how much you are involved in those activities:

	SELECT ONE IN EACH ROW		
	Primarily Responsible For The Activity	**Involved But Not Primarily Responsible For The Activity**	**Not Involved In The Activity**
a. Working on program wide goals related to parent, family and community engagement	1 ☐	2 ☐	3 ☐
b. Using relationship-based competencies (rbcs) for staff development	1 ☐	2 ☐	3 ☐
c. Implementing family support and goal setting services	1 ☐	2 ☐	3 ☐
d. Supporting parent training, education, employment and career development	1 ☐	2 ☐	3 ☐
e. Other, specify:	1 ☐	2 ☐	3 ☐

These next questions are about: Working on program-wide goals related to parent, family and community engagement.

I.3_1   How much are the following types of personnel responsible for working on program-wide goals related to parent, family and community engagement in your Head Start programming?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Specialized staff for family services (for example, family service workers, case workers, family advocates)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other employees of our agency	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Contract workers (for example, through a staffing firm)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Partner organizations or vendors such as a community organization providing family and community services	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. Volunteers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. EHS/HS program director	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
i. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.4_1. How much would you say that **procedures** for working on program-wide goals related to parent, family and community engagement vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.5_1. How much would you say that **practices** for working on program-wide goals related to parent, family and community engagement vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.6_1. How are decisions made about the training or technical assistance that staff will receive related to working on program-wide goals related to parent, family and community engagement? CHECK ALL THAT APPLY

☐ I don't recall recent training or technical assistance on this topic........................1

☐ An agency-wide decision is made...2

☐ Center directors decide for their staff..3

☐ Staff members are free to select their own...4

☐ As a manager, I work with staff to determine...5

☐ Coordinators or supervisors decide based on individual development
plans...6

☐ Based on staff reviews...7

☐ Based on data analysis..8

☐ Other (specify)..9

These next questions are about: Using relationship-based competencies (rbcs) for staff development.

I.3_2. How much are the following types of personnel responsible for using relationship-based competencies (rbcs) for staff development in your Head Start programming?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Specialized staff for family services (for example, family service workers, case workers, family advocates)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other employees of our agency	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Contract workers (for example, through a staffing firm)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Partner organizations or vendors such as a community organization providing family and community services	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. Volunteers		1 ☐	2 ☐	3 ☐	4 ☐
h. Family advocates	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
i. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.4_2. How much would you say that **procedures** for using relationship-based competencies (rbcs) for staff development vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.5_2. How much would you say that **practices** for using relationship-based competencies (rbcs) for staff development vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.6_2. How are decisions made about the training or technical assistance that staff will receive related to using relationship-based competencies (rbcs) for staff development? CHECK ALL THAT APPLY

☐ I don't recall recent training or technical assistance on this topic.......................1

☐ An agency-wide decision is made..2

☐ Center directors decide for their staff...3

☐ Staff members are free to select their own..4

☐ As a manager, I work with staff to determine..5

☐ Coordinators or supervisors decide based on individual development plans...6

☐ Based on staff reviews...7

☐ Based on data analysis..8

☐ Other (specify)..9

These next questions are about: Implementing family support and goal setting services.

I.3_3. How much are the following types of personnel responsible for implementing family support and goal setting services in your Head Start programming?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Specialized staff for family services (for example, family service workers, case workers, family advocates)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other employees of our agency	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Contract workers (for example, through a staffing firm)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Partner organizations or vendors such as a community organization providing family and community services	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. Volunteers		1 ☐	2 ☐	3 ☐	4 ☐
h. Family advocates	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
i. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.4_3. How much would you say that **procedures** for implementing family support and goal setting services vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
Head Start, and Early Head Start/Child Care Partnership programs					
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.5_3. How much would you say that **practices** for implementing family support and goal setting services vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.6_3. How are decisions made about the training or technical assistance that staff will receive related to implementing family support and goal setting services? CHECK ALL THAT APPLY

☐ I don't recall recent training or technical assistance on this topic........................1

☐ An agency-wide decision is made..2

☐ Center directors decide for their staff..3

☐ Staff members are free to select their own...4

☐ As a manager, I work with staff to determine..5

☐ Coordinators or supervisors decide based on individual development plans...6

☐ Based on staff reviews..7

☐ Based on data analysis...8

☐ Other (specify)..9

These next questions are about: Supporting parent training, education, employment and career development.

I.3_4.   How much are the following types of personnel responsible for supporting parent training, education, employment and career development in your Head Start programming?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Specialized staff for family services(for example, family service workers, case workers, family advocates)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other employees of our agency	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Contract workers (for example, through a staffing firm)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Partner organizations or vendors such as a community organization providing family and community services	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. Volunteers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. Family advocates	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
i. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.4_4. How much would you say that **procedures** for supporting parent training, education, employment and career development vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	**NOT AT ALL**	**VERY LITTLE**	**SOME**	**A GREAT DEAL**
Seasonal Head Start, and Early Head Start/Child Care Partnership programs					
h. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.5_4. How much would you say that **practices** for supporting parent training, education, employment and career development vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	**NOT AT ALL**	**VERY LITTLE**	**SOME**	**A GREAT DEAL**
a. Within centers across classrooms or staff	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.6_4. How are decisions made about the training or technical assistance that staff will receive related to supporting parent training, education, employment and career development? CHECK ALL THAT APPLY

☐ I don't recall recent training or technical assistance on this topic.......................1

☐ An agency-wide decision is made...2

☐ Center directors decide for their staff...3

☐ Staff members are free to select their own...4

☐ As a manager, I work with staff to determine..5

☐ Coordinators or supervisors decide based on individual development plans...6

☐ Based on staff reviews..7

☐   Based on data analysis...8

☐   Other (specify)..9

Section II. Recent Training/Technical Assistance Experiences in Domain

II.1. Please think about the trainings or technical assistance activities your agency has experienced in family and community services in the past 12 months. For these next questions, please choose one training or technical assistance activity that you **think has been most useful to your agency**. You may choose training or technical assistance received by a group of your staff or a single individual.

[Continue to select]

[Cannot recall such an activity in past 12 months]

II.2. What was the topic of that training?

_____

II.3. What was the primary mode of the training?

☐   In-person (ask 4a)..1

☐   On-line (ask 4b)..2

☐   Telephone calls (ask 4c)...3

☐   Other (please specify):...6

II.4.a. [if in-person training] Which of these best describes the type of in-person training this was?

☐   Conference..1

☐   Workshop...2

☐   Office of Head Start (OHS) Regional institute, academy or cluster training.........3

☐   On-site training..4

☐   Mentoring or coaching..5

☐   College or university course..6
....

☐   Some other format (specify)..7

II.4.b. [if on-line] Which of these best describes the type of on-line training this was?

☐   Peer learning group where participants learn mostly from one another.............1

☐   On-line with only on-line interaction with the trainer or other trainees,
    such as an interactive webinar or an on-line college course................................2

☐ On-line with on-line and other interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course with phone or in-person supplementation...3

☐ On-line with no interaction with the trainer or other trainees, such as a self-guided course or downloaded webinar...4

II.4.c. [if by phone] Which of these best describes the type of phone training this was?

☐ Mentoring or coaching..1

☐ Peer learning group where participants learn mostly from one another............2

☐ Workshop or group conference call...3

II.5. Was there planned follow-up with the trainer or within your agency to build on this training?

☐ Yes..1

☐ No 2

II.6. Does your agency have an on-going relationship with this trainer?

☐ Yes..1

☐ No 2

II.6a. Was the training customized to the participants' needs and abilities?

☐ Yes..1

☐ No 2

II.6b. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the children and families you serve?

☐ Very Much...1

☐ Somewhat 2

☐ A little 3

☐ Not at all 4

II.6b1. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of your staff?

☐ Very Much...1

☐ Somewhat 2

☐ A little 3

☐ Not at all 4

II.7. How many hours total did you receive this training, not including time spent doing homework or reading materials?

_____ hours

II.8. Over how many separate sessions did the training take place? For example, did you spend 1 hour each week for 3 weeks (i.e., 3 sessions), or was it one 90-minute webinar (i.e., 1 session)?

_____ # of sessions

II.9. What best describes the person or organization that provided the training?

☐ Federal OHS program specialists...1

☐ OHS regional T/TA specialists...2

☐ OHS National Center staff..3

☐ OHS regional T/TA specialists and National Center staff.....................4

☐ Head Start staff from outside of your agency.......................................5

☐ QRIS or other organizations helping licensed providers in your state.................6

☐ Curriculum company, software company, or other company providing materials for working with children...7

☐ Local college or university staff..8

☐ A consultant or other private organization or individual....................9

☐ Other governmental resources, including school districts.................10

☐ Other resource...11

II.10. Did your agency incur any costs so that staff could receive this training?

☐ Yes..1

☐ No 2

II.10a. What was the primary source of these funds?

☐ OHS discretionary T/TA funds..1

☐ OHS operational funds..2

☐ Other sources, such as grants or other restricted funds....................3

☐ Unknown..4

II.11. What are the roles or job titles of the people from your agency who participated in the training?

_____

II.12. Did your agency have a specific goal in having staff participate in this training, for example, to develop a new policy or improve particular practices?

   ☐ Yes...1

   ☐ No 2

II.12a. How would you describe the specific goals for having staff participate in this training?

	MARK (X) YES OR NO IN EACH ROW	
	Yes	**No**
a. All staff need to build capacity in this area	1 ☐	0 ☐
b. Some staff need to build capacity in this area	1 ☐	0 ☐
c. Establishing new program policies and procedures	1 ☐	0 ☐
d. Implementing a new practice	1 ☐	0 ☐
e. Strengthening existing practice	1 ☐	0 ☐
f. Required to meet regulations	1 ☐	0 ☐
g. Required for continued funding	1 ☐	0 ☐
h. Developing better techniques for a specific situation	1 ☐	0 ☐
i. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 ☐	0 ☐

II.13a. Have there been any follow-up steps from this training or activity?

   ☐ Yes...1

   ☐ No 2

II.13b. What follow-up steps have you taken from this training or activity?

_____

II.14. What are the top two reasons you found this training useful to your agency? PLEASE INDICATE 1 AND 2 FOR THE TWO TOP REASONS.

   ☐ Well executed...1

   ☐ Helped us meet requirements...2

   ☐ Spoke to a particular problem we have...3

   ☐ Was just at the right level for our agency..4

☐ Had concrete steps we could implement...5

☐ Was something we are committed to...6

☐ We have a champion in the agency to help us implement.................................7

☐ We had the necessary resources to implement...8

☐ It got us thinking about our work...9

☐ We were able to get many people trained...10

☐ Other (specify)...11

II.15a. For these next questions, please choose a training or technical assistance activity that your agency has received but was <u>not</u> able to apply to improve practice..

[Continue to select]

[Cannot recall such an activity in past 12 months]

II.15b. What was the topic of that training or technical assistance activity?

_____

II.16. What was the primary mode of the training or technical assistance?

☐ In-person..1

☐ On-line with no interaction with others, such as a self-guided course................2

☐ Online interacting with others, such as a discussion group...............................3

☐ Telephone calls..4

☐ Other (specify):...5

II.17.a. [if in-person] Which of these best describes the type of in-person training this was?

☐ Conference 1

☐ Workshop..2

☐ OHS Regional institute, academy or cluster training..3

☐ On-site Training..4

☐ Mentoring or coaching 5

☐ College or university course...6

☐ Other format (specify):...7

II.17.b. [if on-line] Which of these best describes the type of on-line training this was?

☐ Peer learning group where participants learn mostly from one another.............1

    ☐ On-line with only on-line interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course.................................2

    ☐ On-line with on-line and other interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course with phone or in-person supplementation..3

    ☐ On-line with no interaction with the trainer or other trainees, such as a self-guided course or downloaded webinar...4

II.17.c. [if by phone] Which of these best describes the type of phone training this was?

    ☐ Mentoring or coaching...1

    ☐ Peer learning group where participants learn mostly from one another.............2

    ☐ Workshop or group conference call..3

II.18. Was there planned follow-up with the trainer or within your agency to build on this training?

    ☐ Yes...1

    ☐ No 2

II.18.a. Does your agency have an on-going relationship with this trainer?

    ☐ Yes...1

    ☐ No 2

II.19. Was the training customized to the participants' needs and abilities?

    ☐ Yes...1

    ☐ No 2

II.19.b. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the children and families you serve?

    ☐ Very Much...1

    ☐ Somewhat 2

    ☐ A little 3

    ☐ Not at all 4

II.19.b.1. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of your staff?

    ☐ Very Much...1

    ☐ Somewhat 2

    ☐ A little 3

    ☐ Not at all 4

II.20.   How many hours total did you receive this training, not including time spent doing homework or reading materials?

_____ hours

II.21.   Over how many separate sessions did the training take place? For example, did you spend 1 hour each week for 3 weeks (i.e., 3 sessions), or was it one 90-minute webinar (i.e., 1 session)?

_____ # of sessions

II.22.   What best describes the person or organization that provided the training?

☐   Federal OHS program specialists...1

☐   OHS regional T/TA specialists...2

☐   OHS National Center staff...3

☐   OHS regional T/TA specialists and National Center staff.....................................4

☐   Head Start staff from outside of your agency..5

☐   Staff from within your agency..6

☐   QRIS or other organizations helping licensed providers in your state.................7

☐   Curriculum company, software company, or other company providing materials for working with children..8

☐   Local college or university staff...9

☐   A consultant or other private organization or individual....................................10

☐   Other governmental resources, including school districts.................................11

....

II.23.   Did your agency incur any costs so that staff could receive this training?

☐   Yes..1

☐   No 2

II.23a. What was the primary source of these funds?

☐   OHS discretionary T/TA funds..1

☐   OHS operational funds..2

☐   Other sources, such as grants or other restricted funds.....................................3

☐   Unknown..4

II.24.   What are the roles or job titles of the people from your agency who participated in the training?

_____

II.25.   Did your agency have a specific goal in having staff participate in this training, for example, to develop a new policy or improve particular practices?

    ☐ Yes...1

    ☐ No 2

II.25.a. How would you describe the specific goals for having staff participate in this training?

	MARK (X) YES OR NO IN EACH ROW	
	Yes	**No**
a. All staff need to build capacity in this area	1 ☐	0 ☐
b. Some staff need to build capacity in this area	1 ☐	0 ☐
c. Establishing new program policies and procedures	1 ☐	0 ☐
d. Implementing a new practice	1 ☐	0 ☐
e. Strengthening existing practice	1 ☐	0 ☐
f. Required to meet regulations	1 ☐	0 ☐
g. Required for continued funding	1 ☐	0 ☐
h. Developing better techniques for a specific situation	1 ☐	0 ☐
i. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 ☐	0 ☐

II.26.a. Have there been any follow-up steps from this training or activity?

    ☐ Yes...1

    ☐ No 2

II.26.b. What follow-up steps have you taken from this training or activity?

_____

II.27.   What is the main reason you found this training hard for your agency to apply to its family and community work?

□   Training addressed an issue we don't have...1

□   Our agency is not ready to implement the ideas or actions from the
     training..2

□   Our agency had already been implementing the ideas or actions from the
     training..3

□   It was difficult to find concrete next steps to implement...................................4

□   We do not have the resources to implement...5

□   Not a high enough priority for the agency...6

□   We are too busy..7

□   Other (specify):...8

Section III. Selected Practice Area within Domain

These next questions focus on specific practices within Family and Community Services: Family support and goal setting

III. 1. When do family and community services staff first meet with families to conduct the family assessment and set goals?

☐ At enrollment..0

☐ Once the staff and families have gotten to know each other 1

☐ Approach varies across staff members and families...2
....

III. 2. How much would you say each of the following describes how your family and community services staff work with families:

SELECT ONE IN EACH ROW

	NOT AT ALL	NOT VERY MUCH	SOMEWHAT	A GREAT DEAL
	1 ☐	2 ☐	3 ☐	4 ☐
Staff work with families according to staff availability.	1 ☐	2 ☐	3 ☐	4 ☐
We help families identify manageable steps to achieve their goals.	1 ☐	2 ☐	3 ☐	4 ☐
Our families tend to have the same goals so we organize our work around helping families with the most common goals.	1 ☐	2 ☐	3 ☐	4 ☐
We review and update families' goals throughout the year.	1 ☐	2 ☐	3 ☐	4 ☐
We set goals for families based on what we think they need.	1 ☐	2 ☐	3 ☐	4 ☐
We use specific tools and checklists for building family partnership agreements.	1 ☐	2 ☐	3 ☐	4 ☐

For the item on specific tools and checklists, if = somewhat or a great deal, ask: Please list specific tool(s) that you use. _____

III.3. How much would you say family support and goal setting services vary across your agency?

☐ Highly uniform across the agency...1

☐ Some variation but mostly consistent across the agency....................................2

☐ Considerable variation across the agency..3

☐ I do not know the extent of variation across our agency in this practice.............4

III.4.   Please think about your agency's family support and goal setting practices during the 2017-2018 program year (two years ago). Which of the following best describe any changes between that year and the current year:

☐   Our family support and goal setting services are about same as they were two years ago 1

☐   In the past two years, we have changed our approach to providing family support and goal setting services...2

☐   In the past two years, we have decreased the amount of family support and goal setting services we have been able to provide.....................................3 ....

☐   In the past two years, there has been no change in the amount of family support and goal setting services we have been able to provide.........................4 ....

[If no change, then SKIP to III.6]

III.5.   What is the main source that has <u>informed</u> the agency's changes to its family support and goal setting practices in the past two years?

☐   Increased spending...1

☐   Received training or technical assistance..2

☐   Followed regulatory requirements or guidance...3

☐   Had a resource within the agency who championed the change.......................4 ....

☐   Staff turnover in our centers...5 ....

☐   Other (specify)..6

III.5a   What is the main source that has <u>supported or enabled</u> the agency's changes to its family support and goal setting practices in the past two years?

☐   Increased spending...1

☐   Received training or technical assistance..2

☐   Followed regulatory requirements or guidance...3

☐   Had a resource within the agency who championed the change.......................4

☐   Staff turnover in our centers...5 ....

☐   Other (specify)..6

III. 6.   What are the two main challenges the agency has faced or currently faces in how it provides family support and goal setting services?

    ☐ Our caseload assignments are too large for our staff to do as many family partnership agreements as we would like..1

    ☐ Our current practice requires a great deal of staff time....................................2

    ☐ Current practice requires large financial expenditures.......................................3

    ☐ We do not have the technical expertise or materials...4

    ☐ Legal or logistical challenges..5

    ☐ The current practice is not working well for us...6

    ☐ Families have too many challenges that we are not able to support everyone as well as we would like to...7

    ☐ Staff turnover in our centers..8
    ....

    ☐ Other (specify)...9

III.7   (If III.5=2 or III.5a=2, then skip to III.8. else ask:) **Last year**, did your agency receive any training or technical assistance on implementing family support and goal setting services?

    ☐ Yes...1

    ☐ No..2

III.8.   What individuals or organizations provided that training or technical assistance? SELECT ALL THAT APPLY.

    ☐ Federal OHS program specialists..1

    ☐ OHS regional T/TA specialists..2

    ☐ OHS National Center staff...3

    ☐ OHS regional T/TA specialists and National Center staff....................................4

    ☐ Other Head Start staff such as from national or regional Head Start Associations..5

    ☐ QRIS or other organizations helping licensed providers in your state.................6

    ☐ Curriculum company, software company, or other company providing materials that support service implementation...7

    ☐ Local college or university staff..8

    ☐ A consultant or other private organization or individual.....................................9

    ☐ Other governmental resources, including school districts.................................10

    ☐ Other resource...11

III.9.   Did your agency incur any costs so that staff could receive this training?

    ☐ Yes..1

    ☐ No 2

III.9a. What was the primary source of these funds?

    ☐ OHS discretionary T/TA funds..1

    ☐ OHS operational funds..2

    ☐ Other sources, such as grants or other restricted funds.....................3

III.10.   What are the roles or job titles of the people from your agency who participated in the training?

_____

III.11.   Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the children and families you serve?

    ☐ Very much..1

    ☐ Somewhat..2

    ☐ A little...3

    ☐ Not at all...4
       ....

III.11a. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of your staff?

    ☐ Very much..1

    ☐ Somewhat..2

    ☐ A little...3

    ☐ Not at all...4
       ....

III.12.   How well did the level of the training or technical assistance match the level of your agency's participants?

☐ Training/technical assistance was too basic for our participants.........................1

☐ Training/technical assistance was just right for our participants.........................2

☐ Training/technical assistance was too advanced for our participants.................3
....

III.13. Thinking about this training or technical assistance, how satisfied were you with…

	SELECT ONE IN EACH ROW			
	NOT AT ALL SATISFIED	SOMEWHAT SATISFIED	SATISFIED	VERY SATISFIED
a. The quality of the instruction	1 ☐	2 ☐	3 ☐	4 ☐
b. The instructors' knowledge and expertise	1 ☐	2 ☐	3 ☐	4 ☐
c. The materials provided	1 ☐	2 ☐	3 ☐	4 ☐
d. The content of the information	1 ☐	2 ☐	3 ☐	4 ☐
e. Other, specify:	1 ☐	2 ☐	3 ☐	4 ☐

III.14. Did your agency have a specific goal for participating in that training or technical assistance?

☐ Yes (ask III.15)..1

☐ No (skip to III.16)...2
....

III.15. How well was your agency able to achieve that goal through the training or technical assistance?

☐ Completely achieved...1

☐ Partially achieved..2

☐ Not achieved..3

III.16. What other investments did the agency make to supporting the training or technical assistance?

	MARK (X) YES OR NO IN EACH ROW	
	Yes	No
a. Substitutes for teaching staff	1 ☐	0 ☐

b. Travel or other expenses other than training costs	1 ☐	0 ☐
c. Costs for purchasing equipment or materials	1 ☐	0 ☐
d. Follow-up trainings to implement what was learned in the original training activity	1 ☐	0 ☐
e. Additional trainings to implement what was learned in the original training activity		

III.17. Do you feel that additional training or technical assistance would help your agency improve how it implements family support and goal setting services?

☐ Yes..1

☐ Maybe 2

☐ Probably Not 3

Section IV. Training/Technical Assistance Needs in Domain

IV.1.   For the current program year, what are your agency's main training or technical assistance priorities in family and community services? Please include professional development for individual staff as well as organizational technical assistance or training priorities.

_____ [PLEASE RECORD UP TO FOUR PRIORITIES]

IV.2.   Please indicate whether any of the listed priorities can be described as follows:

	MARK (X) YES OR NO IN EACH ROW	
	Yes	**No**
a. All staff need to build capacity in this area	1 ☐	0 ☐
b. Some staff need to build capacity in this area	1 ☐	0 ☐
c. Establishing new program policies and procedures	1 ☐	0 ☐
d. Implementing a new practice such	1 ☐	0 ☐
e. Strengthening existing practice	1 ☐	0 ☐
f. Required to meet regulations	1 ☐	0 ☐
g. Required for continued funding	1 ☐	0 ☐
i. Developing better techniques for a specific situation	1 ☐	0 ☐
h. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 ☐	0 ☐
i. Other (specify): _____	1 ☐	0 ☐

IV.3.   How confident are you that your agency will be able to achieve its training and technical assistance priorities for family and community services this year?'

☐   Very confident..1
☐   Somewhat confident..2
☐   Not very confident..3
☐   Not at all confident...4

IV.4.   What challenges does your agency encounter in its efforts to obtain the training and technical assistance it would like for family and community services? To what extent do each of the following factors make it difficult for your agency to <u>get</u> the training and technical assistance it would like for family and community services?

	SELECT ONE IN EACH ROW			
	NOT AT ALL	NOT VERY MUCH	SOMEWHAT	A GREAT DEAL
a. Available trainings are too expensive	1 ☐	2 ☐	3 ☐	4 ☐
b. Difficult to make staff time for trainings	1 ☐	2 ☐	3 ☐	4 ☐
c. Not very many trainings available in our area	1 ☐	2 ☐	3 ☐	4 ☐
d. Trainings are far away or at inconvenient times	1 ☐	2 ☐	3 ☐	4 ☐
e. We do not have staff time or budget implement what the training recommended	1 ☐	2 ☐	3 ☐	4 ☐
f. Do not like the quality of the trainings that are available	1 ☐	2 ☐	3 ☐	4 ☐

IV.5.   Please think about your agency's goals for family and community services. How satisfied are you with the training and technical assistance available to help you achieve these goals?

☐   Very satisfied...1

☐   Somewhat satisfied..2

☐   Not very satisfied...3

☐   Not at all satisfied 4

IV.6.   How satisfied you are with different types of training and technical assistance providers that may be available to help your agency achieve its goals related to family and community services? Some of these provider types may not be available to you.

	SELECT ONE IN EACH ROW				
	NOT AT ALL	NOT VERY MUCH	SOME WHAT	A GREAT DEAL	NOT AVAILABLE TO US
a. Federal OHS program specialists	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. OHS regional T/TA specialists	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. OHS National Center staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. Other Head Start staff such as from national or regional Head Start Associations	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. QRIS or other organizations helping licensed providers in your state	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. Curriculum company, software company, or other company providing materials for working with children	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g. Local college or university staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h. A consultant or other private organization or individual	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i. Other governmental resources, including school districts	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

IV.7.   Is there a type of training or technical assistance in family and community service that you would like to get for your agency but you have not been able to obtain?

☐   Yes...1
☐   No (skip to IV.11)...2

IV.8 .   Please list one type of training or technical assistance you would like to get but have not been able to obtain:

_____

IV.9.   Would you describe the training or technical assistance you were unable to obtain, (INSERT TEXT FROM iv.8), as...

	MARK (X) YES OR NO IN EACH ROW	
	Yes	**No**
a. All staff need to build capacity in this area	1 ☐	0 ☐
b. Some staff need to build capacity in this area	1 ☐	0 ☐
c. Establishing new policies and standards	1 ☐	0 ☐
d. Implementing a new practice	1 ☐	0 ☐
e. Strengthening existing practice	1 ☐	0 ☐
f. Required to meet regulations	1 ☐	0 ☐
g. Required for continued funding	1 ☐	0 ☐
h. Developing better techniques for a specific situation	1 ☐	0 ☐
i. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 ☐	0 ☐

IV.10.   What is the main reason you have not been able to obtain this training

☐ Available trainings are too expensive..1

☐ Difficult to make staff time for trainings...2

☐ Not very many trainings available in our area..3

☐ General schedule obstacles..4

☐ Trainings are far away or at inconvenient times...5

☐ We do not have the resources to support work after the training......................6

☐ Do not like the quality of the trainings that are available..................................7

☐ Limited access to technology...8

☐ Other (specify)..9

IV.11.   Do you have any other comments about the training and technical assistance available to your agency for family and community service activities?

Thank you for sharing your experiences and opinions about training and technical assistance for family and community service activities in Head Start programs.