

Region XII MSHS TTA Network Technical Assistance Service Delivery Feedback

As part of our Region XII TTA Network Quality Assurance Plan, we would like feedback from grantees/delegates on the technical assistance services provided. The feedback received will be used as part of our continuous quality improvement efforts to better support you in the future.

Thanks in advance for your feedback.

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1. GRANTEE INFORMATION

Grantee/ Delegate Name:

Person completing survey:

Email Address:

Phone Number:

2. Your Role

3. Facilitator(s)

4. Date of Service

Date

5. Location

Next

Please provide a rating for each category below

On a scale of 1-4, with 1 being "Strongly Disagree" and 4 being "Strongly Agree," please click the star that best represents your opinion of the technical assistance session.

6. Did the technical assistance received meet your expectations?

1 = Strongly Disagree	2 = Disagree	3 = Agree	4 = Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Was enough time spent on technical assistance activities to provide an in-depth understanding of the content to build capacity?

1=Strongly Disagree	2= Disagree	3= Agree	4= Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. The T/TA specialist answered questions and clarified content for the participants as needed.

1=Strongly Disagree	2= Disagree	3= Agree	4= Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. As a result of the technical assistance, did your program implement any changes that improved a practice, policy or procedure?

- Yes
- No

10. Anything else you would like to share?

Prev

Next

IF GS ROLE, DISPLAY THE FOLLOWING #11 AND THEN CONTINUE TO #12

*** 11. In which categories below did your program experience improvement as a result of the technical assistance:**

- | | | |
|--|--|--|
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Health | <input type="checkbox"/> Reporting |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Safe Environments | <input type="checkbox"/> Facilities and Properties |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Program Governance |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> ERSEA | <input type="checkbox"/> Ongoing Monitoring |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Program Planning |
| <input type="checkbox"/> Please provide some examples: | | |

IF GS ROLE, DISPLAY THE FOLLOWING #11 AND THEN CONTINUE TO #12

*** 11. In which categories below did your program experience improvement as a result of the technical assistance:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Health Status | <input type="checkbox"/> Parent Engagement | <input type="checkbox"/> Health Services Management |
| <input type="checkbox"/> Physical Development | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Health Services Manager | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Please provide some examples: | | |

IF ECS ROLE, DISPLAY THE FOLLOWING #11 AND THEN CONTINUE TO #12

*** 11. In which categories below did your program experience improvement as a result of the technical assistance:**

- | | | |
|---|--|--|
| <input type="checkbox"/> Classroom Observation FCC | <input type="checkbox"/> Approaches to Learning | <input type="checkbox"/> Classroom Observation: Infant/Toddler |
| <input type="checkbox"/> Degree and Credentialing | <input type="checkbox"/> Language and Literacy | <input type="checkbox"/> CLASS Pre-K: Reliability Training |
| <input type="checkbox"/> Social and Emotional Development | <input type="checkbox"/> Playground Observation | <input type="checkbox"/> Playground Observation FCC |
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Perceptual Motor and Physical Development | <input type="checkbox"/> Collaboration/ Partnership: Local child Care Partners |
| <input type="checkbox"/> School Readiness Goals | <input type="checkbox"/> CLASS Pre-K: Fidelity | <input type="checkbox"/> Family Engagement: School Readiness |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Playground Observation: FCC Preschool | <input type="checkbox"/> Family Engagement: Relationship Based Practice |
| <input type="checkbox"/> Classroom Management | <input type="checkbox"/> CLASS Emotional Support | <input type="checkbox"/> Family Engagement: Program Planning and Assessment |
| <input type="checkbox"/> Child Assessment | <input type="checkbox"/> CLASS Instructional Support | <input type="checkbox"/> Professional Development Plans |
| <input type="checkbox"/> Care giving and Teaching | <input type="checkbox"/> Mentoring/Coaching | |
| <input type="checkbox"/> Please provide some examples: | | |

12. Anything else you would like to share?