

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
			

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
			

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
			

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:**

- | | | |
|--|--|--|
| ☐ Financial Management | ☐ Health | ☐ Reporting |
| ☐ Communications | ☐ Safe Environments | ☐ Facilities and Properties |
| ☐ Nutrition | ☐ Human Resources | ☐ Program Governance |
| ☐ Disabilities | ☐ ERSEA | ☐ Ongoing Monitoring |
| ☐ Transportation | ☐ Record Keeping | ☐ Program Planning |
| ☐ 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:**

- | | | |
|--|--|---|
| ☐ Child Health Status | ☐ Parent Engagement | ☐ Health Services Management |
| ☐ Physical Development | ☐ Child Nutrition | ☐ Oral Health |
| ☐ Mental Health | ☐ Health Services Manager | ☐ Safety |
| ☐ 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:**

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

12. Anything else you would like to share?

A large, empty rectangular box with a thin black border, intended for a user to provide additional information or comments. The box is positioned directly below the question text.