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Thank you for accessing and using the NCPFCE resources or for attending NCPFCE resource specific webinars. We are always striving to improve our programs and resources. Please take a moment to tell us how we are doing. This survey should only take about 10 minutes. It is voluntary and your information will be kept private. We appreciate your feedback!

1. Please let us know how much you agree with the following statements:

	Strongly Disagree	Moderately Disagree	Disagree a Little	Agree a Little	Moderately Agree	Strongly Agree
The NCPFCE (name of resource) are relevant and useful for my work.	\circ	0	\circ	0	0	0
I received regular notifications about the NCPFCE (name of resource)		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
It is easy to access the NCPFCE (name of resource)	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc	0
The NCFPCE (name of resource) are respectful, non-judgmental, and supportive of diverse groups of children, families, and staff (i.e., free from stereotypes or	\bigcirc					
The NCPFCE (name of resource) are inclusive of diverse cultural experiences and backgrounds.		\circ		\circ	0	
I actively use the NCPFCE (name of resource) my work.) in (\bigcirc	\bigcirc	0	\bigcirc	
2. What factors, if any, p	revent you	from using the	e NCPFCE (nar	me of resource	e)	

3. As a result of the NCPFCE (name of resource), how much change have you experienced in each	ı of
the following areas?	

	No Change	Little Change	Some Change	Substantial Change	NA
Your knowledge of parent, family, and community engagement	\bigcirc	\circ	\circ	0	\circ
Your knowledge of children's social-emotional development					
Your knowledge of strategies related to parent, family, and community engagement	0	0	0	0	0
Your program's policies related to parent, family, and community engagement	\bigcirc	\bigcirc	\bigcirc		\bigcirc

4. How useful have the NCPFCE (name of resource) been in changing your practice in the following areas? Please only use N/A for those areas that do not apply to your work.

	Not at all useful	Only a little useful	Moderately useful	Very useful	Extremely useful	N/A: Does not apply to my work
Fostering children's social and emotional development	\circ		\circ			0
Engaging parents, families, and communities	\bigcirc	\bigcirc		\bigcirc	\bigcirc	\bigcirc
Fostering parent-child relationships	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\circ
Connecting educators with resources	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Engaging in continuous quality improvement	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\circ
Assessing family needs in your program	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Building relationships and working with families	s				0	\circ
Strengthening families in your community		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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5. Which of the following best represents your or	rganization? (Please check ONE response.)
I work in/with an HS/EHS program	I work in an OCC State/Regional/Federal Office
I work in/ with a Child Care setting	I am National T/TA Center Staff
I work in the State/Regional T/TASystem	I am a parent/caregiver/guardian
I work in an OHS State/Regional/Federal Office	

6. What is your primary professional role? (Please check ONE response.)				
Assistant teacher/teacher aid	Home visitor			
Child Care Resource & Referral Agency (CCR&R) Staff	Leadteacher/caregiver			
Coach	Owner of family childcare			
Data Specialist	Parent/Family Engagement Content Manager/Coordinator			
Department of Education Early Learning Lead	Policy council/governing body/ board member			
Director/Program Manager	Professional Development Coordinator			
Disabilities Manager/Coordinator/ Specialist	Public/Private Partnership Lead			
Early Childhood Manager	Quality Rating Improvement System (QRIS) Lead			
Education content manager/ coordinator	State Child Care Administrator			
Faculty Member within an Institution of Higher Education	State/Child Care Licensing Staff			
Family childcare specialist/provider	State Pre-K Staff			
Family services manager/ coordinator/advocate	State-Level Early Childhood Membership Organization			
Family Support Worker	Systems Specialist			
Federal Staff OHS	T/TA provider			
Federal Staff OCC	Technical Assistance Coordinator			
Grantee Specialist	Territory Child CareAdministrator			
Grantee Specialist Manager	Transportation Content Manager/ Coordinator			
Head Start State Collaboration Director	Tribal Council/Leaders			
Head Start State Collaboration Office	Volunteer			
Health manager/coordinator/specialist				
Other (please specify)				
7. Please select your region:				
\$				
8. Which age group of children do you serve? (Please check all that apply.)				
Ages 0-3 years				
Ages 3-5 years				
Other, (please specify)				