# Standard Feedback Survey for the National Center for Health, Behavioral Health, and Safety’s Training and Technical Assistance Offerings

 *OMB Control Number: 0970-0401*

 *Expiration Date: 05/31/2021*

***Thank you for attending this [webinar/training/etc.] from the National Center on Health, Behavioral Health, and Safety!***

This survey is designed to assess your satisfaction with this [webinar/training/etc.]. It is voluntary, and you do not have to answer any questions you don’t want to. The survey takes about 5 minutes to complete. This survey is anonymous, although it is possible someone may be able to deduce your identity based on your responses. By completing this survey, you consent to have your information shared and stored with the National Center for Health, Behavioral Health, and Safety (NCHBHS), the Office of Head Start (OHS), and Child Trends, the Evaluation Partner for NCHBHS.

If you would like a certificate for your attendance at this webinar but do not wish to participate in the survey, you may click through the survey while leaving responses blank. The certificate will be provided at the end of the survey.

{This question will only be included if the TTA offering is a webinar}

1. How did you access this webinar? (choose one answer)
	1. I participated live
	2. I watched on-demand
	3. I watched a recording on the ECLKC website

## **Demographics**

***Why do we ask for demographic information?*** These questions are about some of the ways you describe yourself and your work. This information is important to us because we want the Center’s training and technical assistance (TTA) to be useful, meaningful, and respectful for everyone. If we find out a [webinar/training/etc.] is not as helpful for any particular demographic group, we will use that information to improve TTA in the future, so it is more responsive to the group’s needs.

1. What type of program do you work in? (check all that apply)
	1. Head Start
	2. Early Head Start
	3. Early Head Start – Child Care Partnership (EHS-CCP)
	4. Child care
	5. American Indian and Alaska Native Program
	6. Migrant and Seasonal Head Start Program
	7. Other (please specify) [short response box]

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)*

*Public reporting burden for this collection of information is estimated to average approximately 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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.*

1. Select your program’s setting. (check all that apply)
	1. Center-based
	2. Family child care
	3. Home-based
	4. Other (please specify) [short response box]
2. What is your role? (check all that apply)
	1. **Parent**
	2. **Family Member**
	3. **Federal Staff Roles** - Federal/Regional Office Staff
	4. **Federal Staff Roles** - Federal Staff - OHS
	5. **Federal Staff Roles** - Federal Staff - OCC
	6. **Federal Staff Roles** - Federal Staff
	7. **TA Provider Roles** - National Center Staff
	8. **TA Provider Roles** - Regional Training/Technical Assistance Network Staff
	9. **TA Provider Roles** - National Technical Assistance provider
	10. **TA Provider Roles** - Early Childhood Specialist
	11. **TA Provider Roles** - Technical Assistance Coordinator
	12. **TA Provider Roles** - Grantee Specialist Manager
	13. **TA Provider Roles** - Grantee Specialist
	14. **TA Provider Roles** - Systems Specialists
	15. **TA Provider Roles** - Health Specialist
	16. **TA Provider Roles** - Family Engagement Specialist
	17. **State & Tribal Agency Staff Roles** - State Pre-K Staff
	18. **State & Tribal Agency Staff Roles** - Department of Education Early Learning
	19. **State & Tribal Agency Staff Roles** - Head Start State Collaboration Office
	20. **State & Tribal Agency Staff Roles** - Head Start State Collaboration Director
	21. **State & Tribal Agency Staff Roles** - State-Level Early Childhood Membership Organization
	22. **State & Tribal Agency Staff Roles** - State/Child Care Licensing Staff
	23. **State & Tribal Agency Staff Roles** - Quality Rating Improvement System (QRIS)
	24. **State & Tribal Agency Staff Roles** - Child Care Partner
	25. **State & Tribal Agency Staff Roles** - Systems Specialists
	26. **State & Tribal Agency Staff Roles** - State Education Agency
	27. **State & Tribal Agency Staff Roles** - CCDF Lead Agency
	28. **State & Tribal Agency Staff Roles** - Child Care Resource & Referral (CCR&R) Agency Staff
	29. **State & Tribal Agency Staff Roles** - Other state/territory/tribal staff
	30. **Program Managers & Coaches** - Coach
	31. **Program Managers & Coaches** - Education Manager *(includes Education Content Manager/Coordinator, Early Childhood Manager)*
	32. **Program Managers & Coaches** - Director *(includes Director, Head Start/Early Head Start Director, Assistant Director/Associate Director)*
	33. **Program Managers & Coaches** - Health Manager *(includes Health Manager/Coordinator/Specialist, Health Content Manager/Coordinator, Health/Mental Health/Disabilities Manager)*
	34. **Program Managers & Coaches** - Disabilities Manager *(includes Disabilities Manager, Disabilities Coordinator, Disabilities Specialist)*
	35. **Program Managers & Coaches** - Family Services Manager *(includes Family Services Managers and/or Coordinators, Parent/Family Engagement Content Manager, ERSEA, Other PFCE Managers/Coaches)*
	36. **Program Managers & Coaches -** Mental Health Manager *(includes Mental Health Manager and/or Coordinator)*
	37. **Program Managers & Coaches** - Nutrition Manager *(includes Nutrition Manager, Food Services Manager)*
	38. **Program Managers & Coaches** - Data Specialist
	39. **Program Managers & Coaches** - CFO
	40. **Consultants & Health Care Providers** - Infant and Early Childhood Mental Health Consultant
	41. **Consultants & Health Care Providers** - Child Care Health Consultant
	42. **Consultants & Health Care Providers** - Nurse
	43. **Consultants & Health Care Providers** - Other healthcare provider
	44. **Frontline Staff** - Home Visitor
	45. **Frontline Staff** - Teacher *(includes Teacher, AI/AN Early Childhood Program Staff)*
	46. **Frontline Staff** - Teacher Aide/Assistant
	47. **Frontline Staff** - Family Support Worker *(includes Family Support Worker, Family Advocate/Family Services, Parent Involvement Specialist, Family Educator)*
	48. **Frontline Staff** - Family Child Care Provider *(includes Family Child Care Provider, Family Child Care Staff, Program Provider, Child Care Staff)*
	49. Other Staff (please specify) [short response box]
3. What is your Ethnicity?
	1. Hispanic or Latino
	2. Not Hispanic or Latino
4. What is your Race? (select one or more)
	1. American Indian or Alaska Native
	2. Asian
	3. Black or African American
	4. Native Hawaiian or Pacific Islander
	5. White
5. How do you describe yourself?
6. Male
7. Female
8. Transgender
9. Do not identify as female, male, or transgender
10. What language do you primarily speak at home?
	1. English
	2. Spanish
	3. Other (please specify) [short response box]

## **Overall satisfaction**

1. I was satisfied with the quality of this session.
2. Strongly disagree
3. Disagree
4. Agree
5. Strongly agree
6. The presenter(s) was/were knowledgeable in the content area.
7. Strongly disagree
8. Disagree
9. Agree
10. Strongly agree
11. The content of the session was relevant to my work.
12. Strongly disagree
13. Disagree
14. Agree
15. Strongly agree
16. Please let us know whether you found the content presented in this session to be too simple, too advanced, or just about right.
17. Far too advanced
18. A bit too advanced
19. About right
20. A bit too simple
21. Far too simple
22. The information presented was respectful, non-judgmental and supportive of diverse populations (i.e., free from stereotypes or bias).
23. Strongly disagree
24. Disagree
25. Agree
26. Strongly agree
27. This [webinar/training/etc.] was culturally and linguistically responsive.
	1. Strongly disagree
	2. Disagree
	3. Agree
	4. Strongly agree
28. This session addressed the mental health needs of children and families.
	1. Strongly disagree
	2. Disagree
	3. Agree
	4. Strongly agree
	5. Not applicable

## **Knowledge and practice**

1. BEFORE this training, my knowledge of the content/topics addressed can best be described as …
	1. I had no knowledge of the content/topic addressed
	2. I had minimal knowledge of the content/topic addressed
	3. I had moderate knowledge of the content/topic addressed
	4. I had a high level of knowledge of the content/topic addressed
2. AFTER this training, my knowledge of the content/topics addressed can best be described as …
	1. I have no knowledge of the content/topic addressed
	2. I have minimal knowledge of the content/topic addressed
	3. I have moderate knowledge of the content/topic addressed
	4. I have a high level of knowledge of the content/topic addressed
3. I learned something during this session that I plan to use in my work.
	1. Strongly disagree
	2. Disagree
	3. Agree
	4. Strongly agree
4. How much did the event increase your knowledge of the topic presented?
	1. Not at all
	2. A little
	3. Somewhat
	4. A lot
5. Please give an example of one action step you will take in your work as a result of the knowledge you gained from this [webinar/training/etc.]. [open-ended]

## **Presentation strengths and areas for improvement**

1. What do you think worked well in today’s webinar/training? [open-ended]

1. What suggestions do you have for improving future training and technical assistance? [open-ended]