

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

OMB Control Number: 0970-0401

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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)
 - a. I participated live
 - b. I watched on-demand
 - c. 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.

2. What type of program do you work in? (check all that apply)
 - a. Head Start
 - b. Early Head Start
 - c. Early Head Start - Child Care Partnership (EHS-CCP)
 - d. Child care
 - e. American Indian and Alaska Native Program
 - f. Migrant and Seasonal Head Start Program
 - g. 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

3. Select your program's setting. (check all that apply)
 - a. Center-based
 - b. Family child care
 - c. Home-based
 - d. Other (please specify) [short response box]

4. What is your role? (check all that apply)
 - a. **Parent**
 - b. **Family Member**
 - c. **Federal Staff Roles** - Federal/Regional Office Staff
 - d. **Federal Staff Roles** - Federal Staff - OHS
 - e. **Federal Staff Roles** - Federal Staff - OCC
 - f. **Federal Staff Roles** - Federal Staff
 - g. **TA Provider Roles** - National Center Staff
 - h. **TA Provider Roles** - Regional Training/Technical Assistance Network Staff
 - i. **TA Provider Roles** - National Technical Assistance provider
 - j. **TA Provider Roles** - Early Childhood Specialist
 - k. **TA Provider Roles** - Technical Assistance Coordinator
 - l. **TA Provider Roles** - Grantee Specialist Manager
 - m. **TA Provider Roles** - Grantee Specialist
 - n. **TA Provider Roles** - Systems Specialists
 - o. **TA Provider Roles** - Health Specialist
 - p. **TA Provider Roles** - Family Engagement Specialist
 - q. **State & Tribal Agency Staff Roles** - State Pre-K Staff
 - r. **State & Tribal Agency Staff Roles** - Department of Education Early Learning
 - s. **State & Tribal Agency Staff Roles** - Head Start State Collaboration Office
 - t. **State & Tribal Agency Staff Roles** - Head Start State Collaboration Director
 - u. **State & Tribal Agency Staff Roles** - State-Level Early Childhood Membership Organization
 - v. **State & Tribal Agency Staff Roles** - State/Child Care Licensing Staff
 - w. **State & Tribal Agency Staff Roles** - Quality Rating Improvement System (QRIS)
 - x. **State & Tribal Agency Staff Roles** - Child Care Partner
 - y. **State & Tribal Agency Staff Roles** - Systems Specialists
 - z. **State & Tribal Agency Staff Roles** - State Education Agency
 - aa. **State & Tribal Agency Staff Roles** - CCDF Lead Agency
 - bb. **State & Tribal Agency Staff Roles** - Child Care Resource & Referral (CCR&R) Agency Staff
 - cc. **State & Tribal Agency Staff Roles** - Other state/territory/tribal staff
 - dd. **Program Managers & Coaches** - Coach
 - ee. **Program Managers & Coaches** - Education Manager (*includes Education Content Manager/Coordinator, Early Childhood Manager*)
 - ff. **Program Managers & Coaches** - Director (*includes Director, Head Start/Early Head Start Director, Assistant Director/Associate Director*)
 - gg. **Program Managers & Coaches** - Health Manager (*includes Health Manager/Coordinator/Specialist, Health Content Manager/Coordinator, Health/Mental Health/Disabilities Manager*)

- hh. **Program Managers & Coaches** - Disabilities Manager (*includes Disabilities Manager, Disabilities Coordinator, Disabilities Specialist*)
 - ii. **Program Managers & Coaches** - Family Services Manager (*includes Family Services Managers and/or Coordinators, Parent/Family Engagement Content Manager, ERSEA, Other PFCE Managers/Coaches*)
 - jj. **Program Managers & Coaches** - Mental Health Manager (*includes Mental Health Manager and/or Coordinator*)
 - kk. **Program Managers & Coaches** - Nutrition Manager (*includes Nutrition Manager, Food Services Manager*)
 - ll. **Program Managers & Coaches** - Data Specialist
 - mm. **Program Managers & Coaches** - CFO
 - nn. **Consultants & Health Care Providers** - Infant and Early Childhood Mental Health Consultant
 - oo. **Consultants & Health Care Providers** - Child Care Health Consultant
 - pp. **Consultants & Health Care Providers** - Nurse
 - qq. **Consultants & Health Care Providers** - Other healthcare provider
 - rr. **Frontline Staff** - Home Visitor
 - ss. **Frontline Staff** - Teacher (*includes Teacher, AI/AN Early Childhood Program Staff*)
 - tt. **Frontline Staff** - Teacher Aide/Assistant
 - uu. **Frontline Staff** - Family Support Worker (*includes Family Support Worker, Family Advocate/Family Services, Parent Involvement Specialist, Family Educator*)
 - vv. **Frontline Staff** - Family Child Care Provider (*includes Family Child Care Provider, Family Child Care Staff, Program Provider, Child Care Staff*)
 - ww. **Other Staff** (please specify) [short response box]
5. What is your Ethnicity?
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino
 6. What is your Race? (select one or more)
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Pacific Islander
 - e. White
 7. How do you describe yourself?
 - a. Male
 - b. Female
 - c. Transgender
 - d. Do not identify as female, male, or transgender
 8. What language do you primarily speak at home?
 - a. English

- b. Spanish
- c. Other (please specify) [short response box]

Overall satisfaction

9. I was satisfied with the quality of this session.
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree

10. The presenter(s) was/were knowledgeable in the content area.
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree

11. The content of the session was relevant to my work.
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree

12. Please let us know whether you found the content presented in this session to be too simple, too advanced, or just about right.
 - a. Far too advanced
 - b. A bit too advanced
 - c. About right
 - d. A bit too simple
 - e. Far too simple

13. The information presented was respectful, non-judgmental and supportive of diverse populations (i.e., free from stereotypes or bias).
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree

14. This [webinar/training/etc.] was culturally and linguistically responsive.
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree

15. This session addressed the mental health needs of children and families.

- a. Strongly disagree
- b. Disagree
- c. Agree
- d. Strongly agree
- e. Not applicable

Knowledge and practice

16. BEFORE this training, my knowledge of the content/topics addressed can best be described as ...
- a. I had no knowledge of the content/topic addressed
 - b. I had minimal knowledge of the content/topic addressed
 - c. I had moderate knowledge of the content/topic addressed
 - d. I had a high level of knowledge of the content/topic addressed
17. AFTER this training, my knowledge of the content/topics addressed can best be described as ...
- a. I have no knowledge of the content/topic addressed
 - b. I have minimal knowledge of the content/topic addressed
 - c. I have moderate knowledge of the content/topic addressed
 - d. I have a high level of knowledge of the content/topic addressed
18. I learned something during this session that I plan to use in my work.
- a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree
19. How much did the event increase your knowledge of the topic presented?
- a. Not at all
 - b. A little
 - c. Somewhat
 - d. A lot
20. 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

21. What do you think worked well in today's webinar/training? [open-ended]
22. What suggestions do you have for improving future training and technical assistance? [open-ended]