OMB Control Number: 0970-0401

Expiration Date: 5/31/2021

**PFCE Feedback Survey**

Thank you for participating in the [*event name*]. To help ensure the quality of our services, we ask that you complete the following feedback survey. This brief survey is voluntary, and you do not have to answer any questions if you wish. All feedback will be kept private. Your responses are anonymous, and results will be summarized in a way that cannot identify any individual. To further protect your privacy please refrain from including personally identifiable information in open-ended responses. The survey takes about 5 minutes to complete.

Please note that some survey items use a multi-point scale. If you are taking the survey on your phone, you may have to scroll down to see the entire scale. When finished, click the "Submit" button at the bottom of the final page to record your responses. You are free to move throughout the survey and change responses until you click "Submit". You will then be taken to a form to generate a certificate of participation.

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

*Public reporting burden for this collection of information is estimated to average approximately 5 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. Did you participate in the live webinar or did you watch the recording on the ECLKC website?
	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 ways you describe yourself. This information is important to us because we want our training and technical assistance (TTA) to be useful, meaningful, and respectful for everyone. If we find out something about this event is not as helpful for a particular group, we will be able to improve future TTA to be sure it is more responsive to that group’s needs.

1. What program setting do you work with? (check all that apply)
	1. Head Start
	2. Early Head Start
	3. Early Head Start – Child Care Partnership (EHS/CCP)
	4. Child care
	5. Other
2. What is your role? (multiple choice)
3. Teacher/Teacher Aide/Teacher Assistant
4. Family Child Care Provider
5. Home Visitor
6. Family Services Manager
7. Family Support Worker
8. Education/Child Development Manager
9. Disabilities Manager/staff
10. Nutrition Manager/staff
11. Health Manager/staff
12. Mental Health Manager/Services Staff
13. Director/Administrator
14. Coach
15. Parent
16. Family Member
17. TA Provider
18. State & Tribal Staff
19. Federal Staff
20. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
21. What Head Start Region do you represent?
	1. Region I
	2. Region II
	3. Region III
	4. Region IV
	5. Region V
	6. Region VI
	7. Region VII
	8. Region VIII
	9. Region IX
	10. Region X
	11. Region XI
	12. Region XII
22. How many years have you been working in the early childhood field? (multiple choice)
23. 0-2 years
24. 3-5 years
25. 6-10 years
26. 11-20 years
27. More than 20 years
28. Which categories describe you? (check all that apply)
29. American Indian or Alaska Native
30. Asian
31. Black or African American
32. Hispanic, Latino or Spanish origin
33. Middle Eastern or North African
34. Native Hawaiian or other Pacific Islander
35. White
36. A race, ethnicity, or origin not listed here, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
37. I prefer not to answer

## 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

## 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.
4. Strongly disagree
5. Disagree
6. Agree
7. Strongly agree
8. The content of the presentation helped me understand how to use the information in culturally and linguistically appropriate ways.
9. Strongly disagree
10. Disagree
11. Agree
12. Strongly agree

## Presentation strengths and areas for improvement

1. What do you think worked well in today’s presentation? [open-ended]
2. What type(s) of follow-up support or resource(s) would be most useful to you on this topic? [open-ended]
3. How can we improve this session? [open-ended]

Thank you for completing the survey!!!