



CHILD CARE

State Capacity Building Center

Feedback Form: State Capacity Building Center Training for Trainers

TITLE OF INFORMATION COLLECTION: State Capacity Building Center Feedback Collection for Training for Trainers (TFT)

OMB Control No: 0970-0401

Expiration Date: XX/XX/XXXX

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future OCC technical assistance services. Public reporting burden for this collection of information is estimated to average 8 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. The OMB number and expiration date for this collection are OMB #0970-0401, Exp Date: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Caroline Faux, caroline.faux@icf.com

Email Invitation/Script

Subject Line: Your Feedback on [Event Name]

Good Morning/Afternoon,

The State Capacity Building Center is collecting feedback regarding its technical assistance (TA) services. According to our records, you recently participated in the State Capacity Building Center [NAME OF EVENT]. We would greatly appreciate your input and will use your feedback to inform future technical assistance efforts. To provide feedback, please respond using this form: [link to survey monkey]. The brief voluntary survey will only take a few minutes and all responses are anonymous.

If you would like to provide feedback, please respond to the form above by [date].

Thank you!

The State Capacity Building Center

Step One: At/after the TFT, complete this form. Use the email invitation/script above.

Technical Assistance Activity: State Capacity Building Center [FILL IN PROJECT]

State: [PROVIDE DROP DOWN]

Activity Date: [DATE(S) OF EVENT]

Please select your role:

- Consultant (e.g., mental health, health)
- Direct child-serving practitioner (e.g., child care center, family child care, home-based child care, preschool, home visiting, teacher)
- Higher education professional
- State government professional
- State-level professional
- Training and technical assistance professional (e.g., coach, infant toddler specialist, mentor, etc.)
- Tribal CCDF Lead Agency
- Other. Please describe: _____

Content Relevance and Usefulness

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The event purpose and learning objectives were clear.	1	2	3	4	N/A
The content provided was clear.	1	2	3	4	N/A
The content provided was useful (i.e. provided you with practical information or a practical perspective to inform your work).	1	2	3	4	N/A
The content provided was relevant to my current work (i.e. pertinent to your current work).	1	2	3	4	N/A
The content provided was influential (i.e. influenced your thinking; gave you “a-ha” moments; enabled you to think in a different way about your system(s), your partnerships, or other critical aspects of your work; and/or helped you analyze, synthesize, or integrate information in a new way).	1	2	3	4	N/A

Presenters

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The presenter(s) was well-prepared.	1	2	3	4	N/A
The presenter(s) had robust knowledge and experience with the content.	1	2	3	4	N/A
The presenter(s) was able to respond appropriately to my questions.	1	2	3	4	N/A

Participant Outcomes

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I increased my awareness and knowledge of the content provided.	1	2	3	4	N/A
I am ready to apply the new content to my work.	1	2	3	4	N/A
Overall, the event was relevant and fit my needs.	1	2	3	4	N/A

If you marked disagree or strongly disagree above or if you have any comments, please take a moment to give us a little more information.

How do you plan to use what you learned in your work? (Please select all that apply.)

- Incorporate the content as a coaching resource
- Incorporate the content into curriculum development
- Present the content in a training to direct service providers
- Train new coaches using the resources
- Not sure at this time
- Other (please specify):

How likely are you to use the [INSERT ANY OF THE SCBC PRIORITY RESOURCE(S) HERE THAT WERE SHARED] shared in the TA?

- Very unlikely
- Unlikely

- Somewhat likely
- Very likely
- Already using this resource
 - *[If already using this resource]* Please give 1-2 examples of how you used the resource
 - *[If unlikely or very unlikely]* Why are you unlikely to use the resource(s) shared in the TA?

Are there any other supports or resources you need to apply what you learned to your work?

Which aspect(s) was most useful for you and why?

How could we improve this work to better meet your needs?

What other topics or resources would you like to see the State Capacity Building Center address?

Thank you for participating!

Step Two: Three to Six Months after the Training. Use the introductory email and PRA information above.

Technical Assistance Activity: State Capacity Building Center [FILL IN PROJECT]

State: [PROVIDE DROP DOWN]

Activity Date: [DATE(S) OF EVENT]

Please select your role:

- Consultant (e.g., mental health, health)
- Direct child-serving practitioner (e.g., child care center, family child care, home-based child care, preschool, home visiting, teacher)
- Higher education professional
- State government professional
- State-level professional
- Training and technical assistance professional (e.g., coach, infant toddler specialist, mentor, etc.)
- Tribal CCDF Lead Agency

- Other. Please describe: _____

Since the training, who have you used it with? Please check all that apply

- Teachers in centers
- Center directors
- Other center staff (directors, supervisors, coaches)
- Family child care providers
- Trainers
- TA providers (e.g., coaches, Infant Toddler Specialists, mentors)
- Families
- Other (please describe)

Since the training, we would like to hear about how you've used this content. Please check any ways you have used the content.

- Incorporated the content as a coaching resource
- Incorporated the content into curriculum development
- Presented the content in a training to direct service providers
- Trained new coaches using the resources
- Not sure at this time
- Other (please specify):

What factors, if any, prevented you from using the content? (Please select all that apply)

- Competing priorities
- COVID-19
- Lack of authority or influence to gain support for this effort
- Lack of legislative or regulatory authority needed to address issues
- Lack of state policies or processes to support this effort
- Lack of support/guidance from state leadership
- Lack of time
- Limited funds or other resources to support this effort
- Need for more TA and/or professional development
- Need more time to build buy-in from other stakeholders
- Need more time to build readiness among state leaders to support this effort
- Not enough staff
- What I've learned is not applicable to my work
- Other (Please describe): _____

I have not faced any barriers

What supports or resources would you need to overcome these barriers?

Since the training, did you participate in any of the follow-up activities provided after the Training for Trainers? Please check all that apply.

- Community of practice
- Individualized technical assistance
- Office Hours
- Peer learning forum

What is working well for you following your participation in the Training for Trainers?

Which aspect(s) was most useful for you and why?

How could we improve this work to better meet your needs?

What other topics or resources would you like to see the State Capacity Building Center address?

Thank you for participating!