

# NCECDTL EVALUATION ITEM QUESTION BANK

OMB Control Number: 0970-0531

Expiration Date: 07/31/2022

## PURPOSE

The National Center on Early Childhood Development, Teaching, and Learning (NCECDTL) will conduct evaluations on all trainings provided by the Center in accordance with their funding proposal. The purpose of these evaluations is to allow participants to provide feedback on their training experience with the goal of improving trainings provided in the future. Additionally, the data collected in these evaluations is used internally to measure trainer performance, overall participant satisfaction with Center performance, and gaps in provided resources. Proposed below is a bank of questions from which questions for evaluations would be selected.

## INSTRUMENT

Below is the bank of questions (along with accompanying introductory and concluding text) from which questions are sampled for evaluations. Questions and their response options are provided in the first column; the second column contains any notes about the question (display properties, authorship, etc.) relevant to the question.

Questions labeled “CIB Recommended” are items that are asked by all National Centers as part of the standard evaluation procedure developed as part of the Data & Evaluation Workgroup across National Centers in conjunction with OHS. These questions will be part of every evaluation. The remaining questions will be asked only when appropriate in specific circumstances: either at the request of a trainer, at the request of a Region, or for other CQI or data-specific purposes. Items with **[bracketed and highlighted text]** will be updated to reflect content or other available information specific to the training/evaluation.

A sample instrument (digital survey with display branching) is available on request. Once approved by OMB, the survey will also contain the control number, expiration date, and required text determined by OMB about the Paperwork Reduction Act.

### Introductory Text

Thank you for coming to provide feedback on the training event recently offered by the National Center on Early Childhood Development, Teaching, and Learning (NCECDTL). The questions should take about **[10 – depending on the optional items, this may be slightly less and would be lowered for those respondents, but 10 minutes is the baseline]** minutes to answer. Your feedback will help us improve future training events.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to determine the success of TTA offerings, to improve the responsiveness of TTA offerings to group needs, and to inform continuous quality improvement of future TTA efforts. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 07/31/2022. If you have any comments on this collection of information, please contact **[contact info to be added based on event]**



Click "Next" or the >> icon to get started...

| Likert Scaled Items (4 point: Strongly Disagree - Disagree - Agree- Strongly Agree)   | Notes                      |
|---|----------------------------|
| I was satisfied with the quality of this session.   | CIB Recommended            |
| The presenter was knowledgeable in the content area.  | CIB Recommended            |
| The presenters were effective in engaging participants.   | CIB Optional               |
| The presenters were responsive to participants' questions and need for information.   | CIB Optional               |
| The content of the session was relevant to my work.   | CIB Recommended            |
| The resources provided during the training were useful for my work.   | CIB Optional               |
| The information presented was respectful, non-judgmental, and supportive of diverse populations (i.e. free from stereotypes or bias). | CIB Recommended            |
| The presentation deepened my knowledge of the topic presented.  | CIB Recommended            |
| I learned something during this session that I plan to use in my work.  | CIB Recommended            |
| I finished this training with more knowledge than when I began the training.  | DTL Written                |
| The following stated learning objective was met: <b>Learning Objective</b>  | DTL/OHS Written            |
| The presenters conveyed important constructs effectively.   | CIB Optional (PMFO)        |
| I plan to share the information received during the training with others.   | CIB Optional (outside DTL) |
| The content of the presentation was inclusive of diverse cultural experiences and backgrounds.  | CIB Optional (outside DTL) |

| Multiple Choice Items (Response Options Listed per Item)  |                 |
|---|-----------------|
| BEFORE this training, my knowledge of the content/topics addressed can best be described as ... <ul style="list-style-type: none"> <li>I had no knowledge of the content/topic addressed</li> <li>I had minimal knowledge of the content/topic addressed</li> <li>I had moderate knowledge of the content/topic addressed</li> <li>I had a high level of knowledge of the content/topic addressed</li> </ul>    | CIB Optional    |
| AFTER this training, my knowledge of the content/topics addressed can best be described as ... <ul style="list-style-type: none"> <li>I have no knowledge of the content/topic addressed</li> <li>I have minimal knowledge of the content/topic addressed</li> <li>I have moderate knowledge of the content/topic addressed</li> <li>I have a high level of knowledge of the content/topic addressed</li> </ul> | CIB Optional    |
| Please let us know whether you found the content presented in this session to be too simple, too advanced, or just about right. <ul style="list-style-type: none"> <li>Far too advanced</li> <li>A bit too advanced</li> <li>About right</li> <li>A bit too simple</li> <li>Far too simple</li> </ul>   | CIB Recommended |
| How many years have you been in your current role? <ul style="list-style-type: none"> <li>Less Than 1 Year</li> <li>1 Year</li> <li>2 Years</li> <li>...</li> <li>20 Years</li> <li>21 Years or More</li> </ul>   | DTL Written     |

| <b>Multiple Choice Items (Response Options Listed per Item)</b>   |  |
|---|--|
| <p>Please indicate what session(s) you attended during this time:</p> <ul style="list-style-type: none"><li>• [Session Title 1]</li><li>• [Session Title 2]</li><li>• ...</li><li>• [Session Title X]</li></ul> | DTL Written (used for conditional branching) |
| <p>How much did the event increase your knowledge of the topic presented?</p> <ul style="list-style-type: none"><li>• Not at All</li><li>• A Little</li><li>• Somewhat</li><li>• A Lot</li></ul>                | CIB Optional (outside DTL)                   |



**Multiple Choice Items (Response Options Listed per Item)**

What is your primary ROLE?/Please select the role that is closest to your current position:

- I am a parent/caregiver/guardian.
- I work in/with an HS/EHS program:
  - Teacher
  - Teacher Aide/ Assistant
  - Head Start/ Early Head Start Director/ Program Manager
  - Coach
  - Home Visitor
  - Disabilities Manager/ Coordinator/ Specialist
  - Education Content Manager/ Coordinator
  - Family Services Manager/ Coordinator/ Advocate
  - Health Manager/ Coordinator/ Specialist
  - Parent/Family Engagement Content Manager/ Coordinator
  - Transportation Content Manager/ Coordinator
  - Family Support Worker
  - Data Specialist
  - Volunteer
  - Tribal Council/Leaders
  - Governing Body/Board Member/Policy Council
- I work in/ with a child care setting:
  - Teacher
  - Teacher Aide/ Assistant
  - Coach
  - Family Child Care Specialist/ Provider
  - Volunteer
  - Director/ Program Manager
  - Governing Body/Board Member/Policy Council
  - Tribal Council/Leaders
- I work in the State/Regional T/TA System:
  - Early Childhood Manager
  - Early Childhood Specialist
  - Grantee Specialist
  - Grantee Specialist Manager
  - Health Content Manager/ Coordinator
  - Systems Specialist
  - Technical Assistance Coordinator
  - State-Level Early Childhood Membership Organization Lead
  - Faculty Member within an Institution of Higher Education
- I work in an OHS State/Regional/Federal Office:
  - Head Start State Collaboration Director
  - Head Start State Collaboration Office
  - State Pre-K Staff
  - Federal Staff OHS
  - Data Specialist
  - Department of Education Early Learning Lead
- I work in an OCC State/Regional/Federal Office:
  - Federal Staff OCC
  - Department of Education Early Learning Lead
  - Child Care Resource & Referral Agency (CCR&R) Staff
  - Professional Development Coordinator
  - Public/Private Partnership Lead
  - Quality Rating Improvement System (QRIS) Lead
  - State/Child Care Licensing Staff
  - Data Specialist
  - State Pre-K Staff
  - Head Start State Collaboration Director
  - Head Start State Collaboration Office

DTL Written (using role list provided by NORC)

Based on the answer to “What is your primary ROLE?,” the sub-bullets are shown as answer options to “Please select the role that is closest to your position.”

“What is your primary ROLE?” is the only required question because it is used to branch...

1. Which answer options are shown for “Please select the role closest to your position”
2. Whether “Please select your State” is displayed
3. Whether “Do you represent Region XI or Region XII” is displayed
4. Whether “Please select your Region” is displayed



| <b>Multiple Choice Items (Response Options Listed per Item)</b>  |  |
|--|--|
| Please select your state:<br>[List of 50 US States + Territories]  | DTL Written (used to determine Region)<br><br>Only shown to participants who identify as Parents/Guardians, work in an HS/EHS setting, or who work in a child care setting |
| Do you represent Region XI (AIAN) or Region XII (MSHS)? <ul style="list-style-type: none"> <li>• Region XI (American Indian and Alaska Native)</li> <li>• Region XII (Migrant and Seasonal Head Start)</li> <li>• Neither / Not Sure</li> </ul>  | DTL Written (used to determine Region)<br><br>Only shown to participants who work in an HS/EHS setting or child care setting   |
| Please select your Region: Region I <ul style="list-style-type: none"> <li>• Region II</li> <li>• Region III</li> <li>• Region IV</li> <li>• Region V</li> <li>• Region VI</li> <li>• Region VII</li> <li>• Region VIII</li> <li>• Region IX</li> <li>• Region X</li> <li>• Region XI</li> <li>• Region XII</li> </ul> | DTL Written<br><br>Only shown to participants who are Regional T/TA representatives  |

| <b>Open-Ended Items (Response Textbox)</b>   |                            |
|--|----------------------------|
| How could this session/event be more inclusive of or responsive to diverse audiences?      | CIB Optional               |
| Please identify one concept of skill you learned you will use in your work.                | CIB Optional               |
| How can we improve this session?   | CIB Optional               |
| What topics would you like to learn more about in the future?                              | CIB Optional               |
| What type(s) of follow-up support or resource(s) would be most useful to you on the topic? | CIB Optional               |
| What could we have done to enhance your experience at this event?                          | DTL Written                |
| What did you enjoy most about this event?  | DTL Written                |
| What new idea(s) did you learn during this training?                                       | DTL/OHS Written            |
| Would you recommend this session to your peers?  | CIB Optional (outside DTL) |

## Closing Text

Thank you for taking the time to share your thoughts with us. Your feedback will be used to help improve future training events.

