

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to measure knowledge gained through this series and get input from participants on how this series could be improved in the future. 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 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact *[contact info to be added based on event]*

Trauma-Attuned Practices Post-Training Survey 1

All participants will answer the following questions after they complete the training portion of the Trauma-Attuned Practices Implementation Site series.

Demographics

1. Please select your program from the list below.
 - a. [List out the names of each of the seven participating programs as response options]
2. What type of program do you work in? (Select 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]
3. Select your program's setting. (Select all that apply)
 - a. Center-based
 - b. Family child care
 - c. Home-based
 - d. Other (please specify) [short response box]
4. How long have you been working in a Head Start/Early Head Start program?
 - a. Less than one year
 - b. 1-3 years
 - c. 4-6 years
 - d. 7-10 years
 - e. 11 or more years
5. What is your role? (Select the option that most closely describes your role)
 - a. **Parent/Family Member**
 - b. **Federal Staff:** Federal/Regional Office Staff, Federal Staff – OHS, Federal Staff – OCC, other Federal Staff
 - c. **TA Provider/Coach:** National Center Staff, Regional Training/Technical Assistance Network Staff, National Technical Assistance provider, Early Childhood Specialist,

- Technical Assistance Coordinator, Grantee Specialist Manager, Grantee Specialist, Health Specialist, Family Engagement Specialist, Coach
- d. **State & Tribal Agency Staff:** State Pre-K Staff, Department of Education Early Learning, Head Start State Collaboration Office, Head Start State Collaboration Director, State-Level Early Childhood Membership Organization, State/Child Care Licensing Staff, Quality Rating Improvement System (QRIS), Child Care Partner, Systems Specialists, State Education Agency, CCDF Lead Agency, Child Care Resource & Referral (CCR&R) Agency Staff, Other State/Territory/Tribal Staff
- e. **Program Managers:** Education Manager Director/Assistant Director, Health Manager, Disabilities Manager, Family Services Manager, Mental Health Manager, Nutrition Manager, Data Specialist, CFO
- f. **Consultants & Health Care Providers:** Infant and Early Childhood Mental Health Consultant, Child Care Health Consultant, Nurse, Other healthcare provider
- g. **Frontline Staff:** Home Visitor, Teacher (*includes AI/AN Early Childhood Program Staff*), Teacher Aide/Assistant, Family Support Worker (*includes Family Advocate/Family Services, Parent Involvement Specialist, Family Educator*), Family Child Care Provider (*includes Family Child Care Staff, Program Provider, Child Care Staff*)
- h. **Other (please specify):** _____

Overall satisfaction

6. I was satisfied with the quality of this training.
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree
7. The presenter(s) was/were knowledgeable in the content area.
 - a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree
8. Please let us know whether you found the content presented in this training 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
9. 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
10. This training was culturally and linguistically responsive.
- a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree
11. What do you think worked well in this training? [open-ended]
12. What suggestions do you have for improving this training? [open-ended]
13. Is there anything else you would like to share about your experiences with this training? [open-ended]

Knowledge and practice

14. I learned something during this training that I plan to use in my work.
- a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree
15. How much did this training increase your knowledge of the topic presented?
- a. Not at all
 - b. A little
 - c. Somewhat
 - d. A lot
16. Please give an example of one action step you will take in your work as a result of the knowledge you gained from this training. [open-ended]

Trauma-Attuned Practices

17. How confident do you feel working with children and families who have experienced trauma?
- a. Not at all confident
 - b. A little confident
 - c. Confident
 - d. Very confident
18. How confident do you think your coworkers are working with children and families who have experienced trauma?
- a. Not at all confident
 - b. A little confident
 - c. Confident

d. Very confident

19. In your own words, please describe what it means to use trauma-attuned practices when working with children and families? [open-ended]
20. What are some examples of how you/your program use trauma-attuned practices in your work? [open-ended]
21. What are three important things to consider when working with children and families who have experienced trauma? [open-ended]

Consider the families at your program who you spend the most time thinking and worrying about.

22. What are 3 words that describe these families?
23. What are 3 internal (personal) reactions you experienced when thinking about these families?

If you work directly with children and families, consider your role as a provider/teacher/staff member and answer the following two questions (if you do not work directly with children and families, please skip questions 24 and 25 – you are finished completing this survey.

24. What are 3 words that describe the way you feel in your role?
25. What are 3 words that describe the relationships between staff members at your programs?