

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

OMB Control Number: 0970-0401

Expiration Date: 06/30/2024

**Thank you for attending this [event name] from the National Center on Health, Behavioral Health, and Safety!**

This survey is designed to assess your satisfaction with this training and technical assistance (TTA) experience. 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. By completing this survey, you consent to have your responses 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.

**The certificate for your attendance at this [event name] will be provided at the end of the survey.** 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 paragraph will only be included when the TTA offering includes a certificate; it will not be included for Office Hours]

How did you access this [event name]? (Select one)

{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
  
2. How many Office Hours sessions have you attended?
  - a. This is my first session.
  - b. I attended 1 other session.
  - c. I attended at least 2 other sessions.

## 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 TTA to be useful, meaningful, and respectful for everyone. If we find out a [event name] 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.

3. 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]

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 5 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 05/31/2021. If you have any comments on this collection of information, please contact ***[contact info to be added based on event]***

4. 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]
  
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):** \_\_\_\_\_
  
6. What is your Ethnicity? (Select one)
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
  
7. What is your Race? (Select all that apply)
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or Pacific Islander
  - e. White
  - f. Other (please specify):\_\_\_\_\_
  
8. Please select the response that most closely matches your gender from the following list:
  - a. Male

- b. Female
  - c. Transmale/Transman/FTM (female to male)
  - d. Transfemale/Transwoman/MTF (male to female)
  - e. Genderqueer/Gender-non-conforming
  - f. Different identity (please state): \_\_\_\_\_
  - g. Prefer not to answer
9. What language do you speak at home the most? (Select one)
- a. English
  - b. Spanish
  - c. Other (please specify) [short response box]

## Overall satisfaction

10. I was satisfied with the quality of this **[event name]**.
- a. Strongly disagree
  - b. Disagree
  - c. Agree
  - d. Strongly agree
11. The presenter(s) was/were [or the facilitators were] knowledgeable in the content area.
- a. Strongly disagree
  - b. Disagree
  - c. Agree
  - d. Strongly agree
12. The presenters were effective in engaging participants.
- a. Strongly disagree
  - b. Disagree
  - c. Agree
  - d. Strongly agree
13. The presenters were effective in communicating key information.
- a. Strongly disagree
  - b. Disagree
  - c. Agree
  - d. Strongly agree
14. The content of the **[event name]** was relevant to my work.
- a. Strongly disagree
  - b. Disagree
  - c. Agree
  - d. Strongly agree

[The following questions are asked for Office Hour events]

- 1) Please indicate your satisfaction with receiving answers to **your questions** (from facilitators or group discussion):

- a. *Very dissatisfied*: My question was not answered or was not answered well.
    - b. *Somewhat dissatisfied*: My question was not answered fully or in a helpful fashion.
    - c. *Somewhat satisfied*: My question was answered sufficiently.
    - d. *Very satisfied*: My question was answered comprehensively.
    - e. *Not applicable*: I did not ask any questions.
    - f. *Not applicable*: I had a question but did not have the opportunity to ask it.
  - 2) Please indicate your satisfaction with receiving answers to **others' questions** (from facilitators or group discussion):
    - a. *Very dissatisfied*: Questions were not answered.
    - b. *Somewhat dissatisfied*: Not all questions were answered fully or in a helpful fashion.
    - c. *Somewhat satisfied*: Most questions were answered sufficiently.
    - d. *Very satisfied*: All questions were answered comprehensively.
  - 3) Please indicate your satisfaction with the open-ended format (e.g., no formal agenda, real-time Q & A) of *Office Hours*:
    - a. *Very dissatisfied*: The open-ended format did not work at all for me.
    - b. *Somewhat dissatisfied*: The open-ended format did not work well for me.
    - c. *Somewhat satisfied*: The open-ended format worked to some degree.
    - d. *Very satisfied*: The open-ended format worked very well for me.
15. Please let us know whether you found the content [presented or discussed] in this **[event name]** 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
16. The information presented was [or “was discussed in a way that 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
17. This [webinar/training/etc.] was culturally and linguistically responsive.
- a. Strongly disagree
  - b. Disagree
  - c. Agree
  - d. Strongly agree

18. The content of this presentation was inclusive of diverse cultural experiences and backgrounds.
- Strongly disagree
  - Disagree
  - Agree
  - Strongly agree
19. This **[event name]** addressed the mental health needs of children and families or staff.
- Strongly disagree
  - Disagree
  - Agree
  - Strongly agree
  - Not applicable
20. This **[event name]** addressed the needs of children and families facing adversities.
- Strongly disagree
  - Disagree
  - Agree
  - Strongly agree
  - Not applicable
21. This **[event name]** provided useful guidance on [or discussed] how to apply the information to children across the birth-to-five continuum.
- Strongly disagree
  - Disagree
  - Agree
  - Strongly agree

[Items 22 through 26 are asked if event is related to SDOH]

22. The presenters effectively described social determinants of health (SDOH).
- Strongly disagree
  - Disagree
  - Agree
  - Strongly agree
23. This session increased my knowledge of how SDOH affect Head Start children and families or staff.
- Strongly disagree
  - Disagree
  - Agree
  - Strongly agree
24. Which social determinants of health were discussed during this session? (open-ended)
25. What is one way you will use what you learned about SDOH with Head Start/Early Head Start families or staff? (open-ended)
26. What additional information about SDOH would help you address the needs of Head Start/Early Head Start families or staff? (open-ended)

## Knowledge and practice

27. BEFORE this training, my knowledge of the content/topics addressed can best be described as ...
- I had no knowledge of the content/topic addressed
  - I had minimal knowledge of the content/topic addressed
  - I had moderate knowledge of the content/topic addressed
  - I had a high level of knowledge of the content/topic addressed
28. AFTER this training, my knowledge of the content/topics addressed can best be described as ...
- I have no knowledge of the content/topic addressed
  - I have minimal knowledge of the content/topic addressed
  - I have moderate knowledge of the content/topic addressed
  - I have a high level of knowledge of the content/topic addressed
29. I learned something during this **[event name]** that I plan to use in my work.
- Strongly disagree
  - Disagree
  - Agree
  - Strongly agree
30. How much did the **[event name]** increase your knowledge of the topics presented [or discussed]?
- Not at all
  - A little
  - Somewhat
  - A lot
31. Please give an example of one action step you will take in your work as a result of the knowledge you gained from this **[event name]**. [open-ended]

## Presentation strengths and areas for improvement

32. What do you think worked well in today's **[event name]**? [open-ended]
33. What suggestions do you have for improving future training and technical assistance [on this topic or in Office Hours sessions]? [open-ended]