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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?