

## Feedback Survey for the NCHBHS *I am Moving, I am Learning (IMIL)* Training

Thank you for attending the *I am Moving, I am Learning (IMIL)* Training 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) and the Office of Head Start (OHS).

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 06/30/2024. If you have any comments on this collection of information, please contact Nancy Topping-Tailby, Project Director, NCHBHS.

### Questions about each session attended

1. Please identify the Plenary Session you attended: *[pull down menu]*
2. Please identify the Workshop Session you attended: *[pull down menu]*
3. I was satisfied with the quality of this session.  
 Strongly Disagree  Disagree  Agree  Strongly Agree
4. The presenter(s) was/were effective in communicating key information.  
 Strongly Disagree  Disagree  Agree  Strongly Agree
5. The presenter(s) was/were effective in engaging participants.  
 Strongly Disagree  Disagree  Agree  Strongly Agree
6. Please let us know whether you found the content presented to be too simple, too advanced, or just right.  
 Far too advanced  A bit too advanced  Just right  A bit too simple  Far too simple
7. How much did this session increase your knowledge of the topic presented?  
 Not at all  A little  Somewhat  A lot
8. Please provide any positive feedback about the session or suggestions for improvement:

## Questions about overall training

9. Did you use the simultaneous interpretation service during any session?
- Yes
  - No, I did not need this service
  - No, I did not know it was available
  - [If yes] How well did the simultaneous interpretation service serve your needs?
    - It served all of my needs well.
    - It served some of my needs well, but not all of them.
    - It served none of my needs well.
10. I was satisfied with the quality of the Training.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree
11. The content of the Training was relevant to my work.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree
12. The content of Training sessions was inclusive of diverse cultural experiences and backgrounds.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree
13. The Training addressed the mental health needs of children and families or staff.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree
14. Objectives of the Training were explained clearly.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree
15. Sessions adequately addressed the goals of the IMIL Training.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree
16. Adequate time was provided for planning implementation strategies.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree
17. Resources and handouts will be helpful.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree
- a. [If agree or strongly agree] Which resources will be most useful? \_\_\_\_\_
18. Overall, the Training met my expectations.  
( ) Strongly Disagree ( ) Disagree ( ) Agree ( ) Strongly Agree

**19. BEFORE the 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

**20. AFTER the 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

**21. I learned something during the Training that I plan to use in my work.**

- Strongly Disagree  Disagree  Agree  Strongly Agree

**22. Please share examples of any action steps you will take as a result of knowledge gained from the Training:**

**23. What do you think worked well during this two-day Training?**

**24. What suggestions do you have for improving future two-day IMIL Trainings?**

*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 TTA experience 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. Please remember that all responses are anonymous, and you may skip any item you do not wish to answer.*

**25. What type of program do you work in? (Select all that apply)**

- Head Start
- Early Head Start
- American Indian and Alaska Native Program
- Migrant and Seasonal Head Start Program
- Other (please specify): \_\_\_\_\_

**26. What is your role? (Select the option that most closely describes your role)**

TA Provider/Coach

Program Manager

Frontline Staff, which includes:

- Home visitors
- Teachers, aides, and assistants
- Family child care providers
- Family engagement staff
- Health and nutrition services staff

Other (please specify): \_\_\_\_\_

**a. Which of these options most closely aligns with your specific TA provider/coach role?**

National Center Staff

Regional Training Technical Assistance Staff

Other

**b. Which of these options most closely aligns with your specific program manager role?**

Education Manager

Health Manager

Disabilities Manager

Mental Health Manager

Nutrition Manager

Other

**c. Which of these options most closely aligns with your specific frontline staff role?**

Home Visitor

Teacher (*includes AIAN 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*)

Other

**27. What language do you speak at home the most? (Select one)**

English

Spanish

Thank you for providing this valuable feedback!