

## **Instrument 3: Post-Working Partner Groups: Feedback on Participant Experiences**

Thinking back on the Working Partner discussion group you attended on <DATE> with facilitator Rebecca Parlakian, please complete the following survey to help us make sure that these are positive and productive experiences for you.

### **In the discussion group:**

1. The facilitator showed respect for you and your lived experiences.  
Yes / No / Other (open-ended)
2. **The facilitator welcomed participants in the group and created a sense of belonging-**  
**Yes / No / Other (open-ended)**
3. **The facilitator encouraged the participation of all members.**  
**Yes / No / Other (open-ended)**
4. Did you feel comfortable participating in the discussion?  
Yes / No
  - If no, please tell us why not. (open-ended)
5. Do you believe the discussion group format was effective for sharing feedback on your workplace experiences in early childhood systems and services?  
Yes / No
  - If no, please tell us why and what approach might be more effective. (open-ended)
6. Did you feel you had to you mask or downplay any aspect of your physical, cultural, or spiritual self during the discussion?  
  
Yes / No
  - If yes, in what way? (open-ended)
7. Did you **tell organizers that you required accommodation(s) to participate in the discussion?**

Yes / No

- If yes, **were your needs met so you could participate fully in the discussion?**
- **If no, survey ends.**

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information that, at the end of each meeting and at the conclusion of the full set of meetings, will assess the level of participation and effectiveness of each meeting to improve future meetings. We will also collect feedback from the participants on their perception of respectful and supportive meeting facilitation. Public reporting burden for this collection of information is estimated to average 2 minutes per person to complete the evaluation survey. 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 09/30/2025. If you have any comments on this collection of information, please contact Judy Willgren, Office of Early Childhood Development, by email at [Judy.Willgren@acf.hhs.gov](mailto:Judy.Willgren@acf.hhs.gov).