NCECDTL EVALUATION ITEM QUESTION BANK

PURPOSE

The National Center on Early Childhood Development, Teaching, and Learning (NCECDTL) will conduct evaluations on all trainings provided by the Center in accordance with their funding proposal. The purpose of these evaluations is to allow participants to provide feedback on their training experience with the goal of improving trainings provided in the future. Additionally, the data collected in these evaluations is used internally to measure trainer performance, overall participant satisfaction with Center performance, and gaps in provided resources. Proposed below is a bank of questions from which questions for evaluations would be selected.

INSTRUMENT

Below is the bank of questions (along with accompanying introductory and concluding text) from which questions are sampled for evaluations. Questions and their response options are provided in the first column; the second column contains any notes about the question (display properties, authorship, etc.) relevant to the question.

Questions labeled “CIB Recommended” are items that are asked by all National Centers as part of the standard evaluation procedure developed as part of the Data & Evaluation Workgroup across National Centers in conjunction with OHS. These questions will be part of every evaluation. The remaining questions will be asked only when appropriate in specific circumstances: either at the request of a trainer, at the request of a Region, or for other CQI or data-specific purposes. Items with [bracketed and highlighted text] will be updated to reflect content or other available information specific to the training/evaluation. A sample instrument is available upon request.

Introductory Text

Welcome! Thank you for coming to provide feedback on the training event recently offered by the National Center on Early Childhood Development, Teaching, and Learning (NCECDTL). The questions should take about 5 minutes to answer. Your feedback will help us improve future training events. Click "Next" (or the arrow) to get started...

Likert Scaled Items (4 point: Strongly Disagree – Disagree – Agree- Strongly Agree)	**Notes**
I was satisfied with the quality of this session.	CIB Optional
The presenter was knowledgeable in the content area.	CIB Recommended

The presenters were effective in engaging participants.	CIB Optional
The presenters were responsive to participants' questions.	CIB Optional
The content of the session was relevant to my work.	CIB Recommended
The resources provided during the training were useful for my work.	CIB Optional
The information presented was respectful, non-judgmental, and supportive of diverse populations (i.e. free from stereotypes or bias).	CIB Optional
The presentation deepened my knowledge of the topic presented.	CIB Optional
I learned something during this session that I plan to use in my work.	CIB Recommended
I finished this training with more knowledge than when I began the training.	DTL Written
The following stated learning objective was met: [Learning Objective]	DTL/OHS Written
The presenters were effective in communicating key information.	CIB Optional
I plan to share the information received during the training with others.	CIB Optional
The content of the presentation was inclusive of diverse cultural experiences and backgrounds.	CIB Optional
This session addressed the unique needs of my program/Region.	DTL Written
The content of the presentation led me to be more culturally responsive in my work.	CIB Optional
I know how to use this information with diverse populations.	CIB Optional
This training helped me to take on culturally-responsive work.	CIB Optional
I would recommend this session to my colleagues.	CIB Optional

Multiple Choice Items (Response Options Listed per Item)	
How much did the event increase your knowledge of the topic(s) presented? • No Increase • Small Increase • Moderate Increase • Large Increase	CIB Recommended
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	CIB Optional
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	CIB Optional
Please let us know whether you found the content presented in this session to be too simple, too advanced, or just about right. • Far too advanced • A bit too advanced • About right • A bit too simple • Far too simple	CIB Recommended

Multiple Choice Items (Response Options Listed per Item)	
How much did the event increase your knowledge of the topic(s) presented? • No Increase • Small Increase • Moderate Increase • Large Increase	CIB Recommended
How long have you held your current role?? • Less Than 1 Year • 1 Year • 2 Years … • 20 Years • 21 Years or More	DTL Written
Please indicate what session(s) you attended during this time: • [Session Title 1] • [Session Title 2] … • [Session Title X]	DTL Written (used for conditional branching)
How much did the event increase your knowledge of the topic presented? • Not at All • A Little • Somewhat • A Lot	CIB Optional

Multiple Choice Items (Response Options Listed per Item)	
How much did the event increase your knowledge of the topic(s) presented? • No Increase • Small Increase • Moderate Increase • Large Increase	CIB Recommended
What is your primary ROLE?/Please select the role that is closest to your current position: • I am a parent/caregiver/guardian. • I work in/with an HS/EHS or Child Care setting: o Teacher o Teacher Aide/ Assistant o Family Child Care Specialist/ Provider o Program Director / Assistant Program Director o Center/Site Director / Assistant Center/Site Director o CEO / CFO / Executive o Program Support / Administrative Assistant o Coach o Home Visitor o Disability Services Coordinator/Manager o Education Coordinator/Manager o Child Development Specialist o Family Services Coordinator/Manager/ Advocate o Family Service Worker / Case Manager o Health Coordinator/Manager o Nutrition Coordinator/Manager o Mental Health Coordinator/Manager o Fiscal Coordinator/Manager o Parent & Family Engagement Coordinator/Manager o Transportation Content Manager/ Coordinator o Data Specialist o Volunteer o Tribal Council/Leaders o Governing Body/Board Member/Policy Council • I work in the State/Regional T/TA System: o Early Childhood Manager o Early Childhood Specialist o Grantee Specialist o Grantee Specialist Manager o Health Specialist o Systems Specialist o Technical Assistance Coordinator o Administrative Assistant o State-Level Early Childhood Membership Organization Lead o Faculty Member within an Institution of Higher Education o Regional Head Start Association (HSA) Staff o State Head Start Association (HSA) Staff o State Capacity Building Center (SCBC) • I work in an OHS State/Regional/Federal Office: o Head Start State Collaboration Director/Office o State Agency Staff o OHS Federal Staff – Regional Office o OHS Federal Staff – Central Office o Data Specialist o Department of Education Early Learning Lead • I work in an OCC State/Regional/Federal Office: o OCC Federal Staff – Regional Office o OCC Federal Staff – Central Office o Department of Education Early Learning Lead	DTL Written (using role list provided by NORC) Based on the answer to "What is your primary ROLE?," the sub-bullets are shown as answer options to "Please select the role that is closest to your position." "What is your primary ROLE?" is the only required question because it is used to branch… 1. Which answer options are shown for "Please select the role closest to your position" 2. Whether "Please select your State" is displayed 3. Whether "Do you represent Region XI or Region XII" is displayed 4. Whether "Please select your Region" is displayed

Multiple Choice Items (Response Options Listed per Item)	
How much did the event increase your knowledge of the topic(s) presented? • No Increase • Small Increase • Moderate Increase • Large Increase	CIB Recommended
Please select your state: [List of 50 US States + Territories]	DTL Written (used to determine Region) Only shown to participants who work in an HS/EHS setting, or who work in a child care setting
Do you represent Region XI (AIAN) or Region XII (MSHS)? • Region XI (American Indian and Alaska Native) • Region XII (Migrant and Seasonal Head Start) • Neither / Not Sure	DTL Written (used to determine Region) Only shown to participants who work in an HS/EHS setting or child care setting
Please select your Region: • Region I • Region II • Region III • Region IV • Region V • Region VI • Region VII • Region VIII • Region IX • Region X • Region XI • Region XII	DTL Written Only shown to participants who are Regional T/TA representatives
Which National Center do you represent? • Early Childhood Development, Teaching, and Learning (ECDTL) • Program Management and Fiscal Operations (PMFO) • Health, Behavioral Health, and Safety (HSBS) • Parent, Family, and Community Engagement (PFCE)	DTL Written Only shown to participants who are National Center Staff
What factors, if any, may prevent you from using what you learned? (select all that apply) • Lack of time • Lack of funds/resources • Lack of personnel • Staff turnover • Lack of support/guidance from program leadership • Misalignment with parent needs/goals • Not a good fit • Lack of staff engagement • Lack of cultural relevance • Other (please specify)	CIB Optional

Open-Ended Items (Response Textbox)	
How could this session/event be more inclusive of or responsive to diverse audiences?	CIB Optional
Please identify one concept of skill you learned you will use in your work.	CIB Optional
How can we improve this session?	CIB Optional
What topic would you like to learn more about in the future?	CIB Optional
What type(s) of follow-up support or resource(s) would be most useful to you on the topic?	CIB Optional
What could we have done to enhance your experience at this event?	DTL Written
What did you enjoy most about this event?	DTL Written
What new idea(s) did you learn during this training?	DTL/OHS Written
Please give an example of one action step you will take as a result of the knowledge you gained from this webinar.	CIB Optional
Which aspects of this training were most/least useful?	CIB Optional
What information would help you further improve your practice?	CIB Optional
What additional TTA opportunities would help you further improve your practices?	CIB Optional
How do you plan to use what you learned in this learning experience?	DTL Written

Closing Text

Thank you for taking the time to share your thoughts with us. Your feedback will be used to help improve future training events.