

**National Center on Early Childhood Quality Assurance
Standard [Post-Event] Survey**

DATE

Subject Line: Your Feedback on [Event Name]

Good day,

We want to learn about your experiences with the [Name of Event] that is part of the National Center on Early Childhood Quality Assurance. Your answers are private and will be used to improve our work.

Please use this survey to provide feedback by reflecting on your participation [over the past year]. The brief voluntary survey will only take about 3 minutes. [Link to Survey]

Thank you.

The National Center on Early Childhood Quality Assurance

[Event] Survey

Please select your role:

- ◆ [QIS Administrator/Statewide]
- ◆ [QIS Manager/Statewide]
- ◆ [QIS Support/Statewide]
- ◆ [CCDF Administrator]
- ◆ [Community member]
- ◆ [Direct child-serving practitioner (e.g., child care, preschool, home visiting, teacher)]
- ◆ [Licensing administrator/manager]
- ◆ [Licensing monitoring staff]
- ◆ [State level professional (not state government)]
- ◆ [Training and technical assistance professional- family child care]
- ◆ [Training and technical assistance professional- center-based child care]
- ◆ [Tribal representative]
- ◆ Other

If other, please describe: _____

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to collect feedback from recipients participating in Training and Technical Assistance (T/TA) activities provided by the National Center on Early Childhood Quality Assurance (NCECQA). The public reporting burden for this collection of information is estimated to average 3 minutes per respondent, 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 5/31/2027. If you have any comments on this collection of information, please contact Carol Hartman at Carol.Hartman@icf.com.

Content Relevance and Usefulness

Please indicate the extent to which you agree with the statements below.	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The [Event] purposes and objectives are clear.	Strongly agree	Agree	Disagree	Strongly disagree	NA
Resources are provided as needed.	Strongly agree	Agree	Disagree	Strongly disagree	NA
The experience of being in the [Event] is useful (i.e. provides you with practical information or a practical perspective to inform your work).	Strongly agree	Agree	Disagree	Strongly disagree	NA
The experience of being in the [Event] is relevant to my current work (i.e. pertinent to your current work).	Strongly agree	Agree	Disagree	Strongly disagree	NA
The experience of being in the [Event] is influential (i.e. influenced your thinking; gave you "a-ha" moments; enabled you to think in a different way about your system(s), your partnerships, or other critical aspects of your work; and/or helped you analyze, synthesize, or integrate information in a new way.)	Strongly agree	Agree	Disagree	Strongly disagree	NA
The materials for use with child care providers are easy to use and easy to understand.	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A

If you marked disagree or strongly disagree above, please take a moment to give us a little more information.

Facilitators

Please indicate the extent to which you agree with the statements below.	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The facilitator is well prepared.	Strongly agree	Agree	Disagree	Strongly disagree	NA
The facilitator helps the group value the contributions of each member.	Strongly agree	Agree	Disagree	Strongly disagree	NA
The facilitator helps guide discussions and share activities about our shared interest.	Strongly agree	Agree	Disagree	Strongly disagree	NA
The presenter(s) had robust knowledge and experience with the content.	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The presenter(s) was able to respond appropriately to my questions.	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The script and	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A

resources
provide me
with the
information I
need to offer
the training.

If you marked disagree or strongly disagree above, please take a moment to give us a little more information.

Benefits

Please indicate the extent to which you agree with the statements below.	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
I am increasing my awareness and knowledge by participating in the [Event].	Strongly agree	Agree	Disagree	Strongly disagree	NA
I feel ready to apply new resources or ideas shared to my work.	Strongly agree	Agree	Disagree	Strongly disagree	NA
Overall, the experience is relevant	Strongly agree	Agree	Disagree	Strongly disagree	NA

Please indicate the extent to which you agree with the statements below.					
	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
and fits my needs.					
I significantly improved my understanding of the content needed to [offer this training or train other trainers].	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
I feel ready to [offer this training or train other trainers].	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A

If you marked disagree or strongly disagree above, please take a moment to give us a little more information.

What barriers, if any, has your participation in the [Event] helped you overcome?

Which aspect(s) of the [Event] was most useful for you and why?

How could we improve this [Event] to better meet your needs?

Thank you!