

NCASE Webinar Post- Survey

This survey is being administered by the project evaluators at the Education Development Center, Inc. These data help determine the usefulness of NCASE offerings and are used to inform the project's ongoing activities. The survey will take approximately 7 minutes to complete. The survey is voluntary, and you may skip any question that you do not wish to answer. The evaluation team keeps individual responses private and reports data in aggregate form only. Thank you for your responses! Your feedback is important and highly valued.

If you have questions about this survey, please contact Carrie Liston at cliston@edc.org.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to learn about your experiences at the TA session. Public reporting burden for this collection of information is estimated to average 7 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. 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 Carrie Liston at cliston@edc.org.

Please respond to the following statements about the webinar on a scale from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
I was satisfied with the quality of this session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The <u>content</u> of the session was relevant to my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The <u>resources</u> shared during this session were relevant to my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenters were knowledgeable in the content area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How could this session/event be more relevant to your needs?

Please indicate your level of awareness of this topic BEFORE the session.

- Little or no awareness
- Somewhat aware
- Moderately aware
- Very aware

Please indicate whether you found the content presented in this session to be too simple, too advanced, or just about right.

- Far too simple
- A bit too simple
- About right
- A bit too advanced
- Far too advanced

What was the most valuable aspect of this session for you?

What would you suggest to improve this session?

Please respond to the following statements about the session on a scale from Strongly Disagree to Strongly Agree. Select N/A if the item is not relevant to your work.

	Strongly disagree	Disagree	Agree	Strongly agree	N/A
The presentation deepened my knowledge of the topic presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned something during this session that I plan to implement in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to share what I learned from this session with colleagues or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to dedicate more time, attention, or other resources to address the issues covered in this session as a result of participating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned about regional or state practices and/or resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What audiences might you share the resources highlighted during this session? (Select all that apply)

- Child Care Providers or Staff
- Parents
- Child Care Resource and Referral
- State Agency Representatives
- Colleagues
- None

Other, please specify:

Please identify one concept or skill from this session that you learned you will use in your work.

How might you use the resource highlighted in this session in your work?

What factors, if any, may prevent you from using what you learned? *Select all that apply.*

- ☐ Lack of time
- ☐ Limited funds or other resources to support this effort
- ☐ Lack of support/guidance from program leadership
- ☐ Parent buy-in
- ☐ Staff buy-in
- ☐ Other, please describe:

About You

Are you State CCDF Lead Agency Staff, administering the Child Care and Development Block Grant Act (CCDBG) in your state?

- Yes
- No
- I do not know

Display This Question:

If above = Yes to CCDF Lead Agency Staff

What best describes your role?

- State Education Agency staff
- State Licensing Agency staff
- Other State / Territory / Tribal staff
- None of the above

Do you work for a tribal CCDF program (i.e., tribal CCDF grantee)?

- Yes
 - (If yes) Please specify the name of the CCDF tribal grantee.
- No
- I do not know

Display This Question:

If above = No or I do not know to CCDF Lead Agency Staff

What best describes your role?

- State CCDF Lead Agency staff
- State Education Agency staff
- State Licensing Agency staff
- Regional Office of Child Care / Office of Head Start staff
- National Office of Child Care / Office of Head Start staff
- National Technical Assistance provider
- Child Care Resource and Referral Agency staff

- School-age Network / National Afterschool Association affiliate
- Family Child Care Provider/Staff
- 21st Century Community Learning Centers Program staff
- Program Provider/Staff
- Other State/Territory/Tribal staff
- None of the above

Display This Question:

If = None of the above to CCDF Lead Agency Staff

You selected "None of the above." Please select the category that best fits your work:

- State agency
- Child care provider
- System support for child care/ after school/out-of-school-time
- Other, please specify: _____

Your state or territory:

- | | | |
|------------------------|----------------------------|--|
| • Alabama | • Louisiana | • Oklahoma |
| • Alaska | • Maine | • Oregon |
| • American Samoa | • Maryland | • Pennsylvania |
| • Arizona | • Massachusetts | • Puerto Rico |
| • Arkansas | • Michigan | • Rhode Island |
| • California | • Minnesota | • South Carolina |
| • Colorado | • Mississippi | • South Dakota |
| • Connecticut | • Missouri | • Tennessee |
| • District of Columbia | • Montana | • Texas |
| • Delaware | • Nebraska | • Utah |
| • Florida | • Nevada | • U.S. Virgin Islands |
| • Georgia | • New Hampshire | • Vermont |
| • Guam | • New Jersey | • Virginia |
| • Hawaii | • New Mexico | • Washington |
| • Idaho | • New York | • West Virginia |
| • Illinois | • North Carolina | • Wisconsin |
| • Indiana | • North Dakota | • Wyoming |
| • Iowa | • Northern Mariana Islands | • I do not reside in the United States |
| • Kansas | • Ohio | • Not applicable |
| • Kentucky | | |