OMB Control Number: 0970-0617
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LEARNING COMMUNITY: Practice Based Coaching (PBC) Training and Technical Assistance (TTA)

PROPOSED EVALUATION FRAMEWORK

This evaluation framework outlines the proposed survey flow and measures for participants in National Center on Early Childhood Development, Teaching, and Learning's (NCECDTL) Practice-Based Coaching (PBC) Training and Technical Assistance (TTA) Learning Community, which is designed to support collaborative learning, continuous improvement, and progress toward a shared Wildly Important Goal (WIG).

The framework includes proposed pre-evaluation surveys, session pulse checks, and post-evaluation surveys. Measures assess implementation context, including systems, supports, coaching structures, and readiness conditions, as well as implementation outcomes related to knowledge, practice, collaboration, and continuous improvement.

Pre-Evaluation Survey

Demographic and Learning Community Selection

1) First and Last Name: (fill in the blank)

Why are we asking for your name? *We are requesting your first and last name solely to connect your responses across multiple surveys administered throughout the learning community. This allows us to understand how participants' experiences, knowledge, and practices change over time. Your information will be kept* ***private*** *and will not be used for performance evaluation or shared outside the evaluation team.*

2) How **long** have you been in the TTA system? (dropdown menu/select one; not required)
   - Less Than 1 Year
   - 1 – 3 Years
   - 4 – 6 Years
   - 7 – 10 Years
   - 11 – 15 Years
   - 16 – 20 Years
   - 21 Years or More

3) Do you work in American Indian and Alaska Native or Migrant Seasonal Head Start?: (radio button/select one; required; show to all)
    - American Indian and Alaska Native (AIAN)
    - Migrant Seasonal Head Start (MSHS)

Current TTA Context

All below will be measured in 5-point Likert scale: (5) strongly agree, (4) agree, (3) neutral, (2) disagree, (1) strongly disagree, (0) unsure [unless otherwise noted]

1) The majority of programs in our service area have written procedures or guidance related to **coaching**.
2) In our service area, we have a process for continuous support of recipients' implementation of coaching.
3) In the majority of programs I support, data is used to inform **coaching.**
4) I am aware of the resources, tools, and supports available in my service area to support recipients' implementation of **coaching**.
5) Recipients I support have sufficient time to engage in coaching efforts.

Current Implementation

1) How would you describe the current stage of coaching implementation for **the majority of recipients you serve**?
    - Not yet started
    - Planning
    - Early implementation
    - Established implementation
    - Sustained implementation

Knowledge and Practice

All below will be measured in 5-point Likert scale: (5) strongly agree, (4) agree, (3) neutral, (2) disagree, (1) strongly disagree [unless otherwise noted]

1) I can identify concepts or strategies related to implementing **coaching** that are applicable for recipients I support.
2) I understand how **coaching** connects to broader program or systems goals for recipients.
3) I can provide training related to **coaching** for the recipients I serve.
4) I can provide ongoing support related to **coaching** for recipients I serve.
5) For each learning objective listed below, please indicate your current level of knowledge and confidence related to the objective. (following two bullet points listed for each objective)
    - I am knowledgeable about this objective.
    - I can apply this objective in my work.

Open-Ended Questions

Professional Growth: What area of practice, implementation, or professional growth in supporting **coaching implementation** would you most like to strengthen?

Application/Implementation: What challenges or barriers are you currently experiencing related to **supporting recipients to implement coaching consistently with fidelity**?

Meaning/Impact: What are you hoping to gain from this experience, and how do you hope it will support your work, practice, or service area?

Session Pulse Checks

1) First and Last Name: (fill in the blank)

> ***Why are we asking for your name?*** *We are requesting your first and last name solely to connect your responses across multiple surveys administered throughout the learning community. This allows us to understand how participants' experiences, knowledge, and practices change over time. Your information will be kept confidential and will not be used for performance evaluation or shared outside the evaluation team.*

Session Check-In

1) Since the last session, what successes have you experienced in applying what you learned? (Select all that apply.)
    - I applied a strategy or practice from the previous session.
    - I shared what I learned with colleagues or my team.
    - I observed a positive change in my work.
    - I made progress toward my implementation or improvement goals.
    - I felt more confident applying what I learned.
    - I have not yet had an opportunity to apply what I learned.
    - Other (please specify): _____

2) Thinking about today's session, how prepared do you feel to apply what you learned before the next meeting?
    - Very unprepared
    - Somewhat unprepared
    - Neither prepared nor unprepared
    - Somewhat prepared
    - Very prepared

3) What factors, if any, may affect your ability to apply content from today's session before the next meeting? (Select all that apply.)
    - I would benefit from additional training or support.
    - I may not have the resources needed for implementation.
    - I may not have opportunities to apply what I learned.
    - Time constraints may impact implementation.
    - I may need additional support from leadership or supervisors.

- I may need additional support from colleagues or team members.
- The content is not closely aligned with my current role or responsibilities.
- I do not anticipate any barriers to applying what I learned.
- Other (please specify): _____

4) How would you describe your WIG's current progress?

    - Not yet started
    - Planning
    - Early progress
    - Moderate progress
    - Significant progress
    - Goal nearly achieved

Open-Ended Questions

1) What is one idea, strategy, or reflection from this session that you may apply in your work or practice?
2) What support would help you apply today's learning before the next session?

Post-Evaluation Survey

1) Recipient First and Last Name: (fill in the blank)

Why are we asking for your name? *We are requesting your first and last name solely to connect your responses across multiple surveys administered throughout the learning community. This allows us to understand how participants' experiences, knowledge, and practices change over time. Your information will be kept confidential and will not be used for performance evaluation or shared outside the evaluation team.*

Knowledge and Practice

All below will be measured in 5-point Likert scale: (5) strongly agree, (4) agree, (3) neutral, (2) disagree, (1) strongly disagree [unless otherwise noted]

1) I can identify concepts or strategies related to implementing **coaching** that are applicable for recipients I support.
2) I understand how **coaching** connects to broader program or systems goals for recipients.
3) I can provide training related to **coaching** for the recipients I serve.
4) I can provide ongoing support related to **coaching** for recipients I serve.
5) Participation in this learning community increased my knowledge related to **coaching**.
6) Participation in this learning community increased my ability to support recipients to implement coaching consistently and with fidelity.
7) For each learning objective listed below, please indicate the extent to which your knowledge increased because of this learning community and your confidence in applying the objective in your work. (following bullet points listed for each objective)
    - I am knowledgeable about this objective.

- My knowledge related to this objective increased because of this Learning Community.
- I can apply this objective in my work.

Impact on Practice and Programs

1) Participation in this learning community influenced how I approach decision-making or problem-solving.
2) Participation in this learning community positively influenced the quality of my work or practice.
3) I have already applied, or plan to apply, strategies or ideas from this experience in my work.
4) Participation in this learning community helped me identify opportunities to strengthen practices, processes, or procedures related to **coaching** in my work or service area.
5) As a result of participating in this learning community, I am better able to support implementation of **coaching** in my work.

Reflection and Future Action

1) I plan to share ideas, tools, or resources with colleagues.
2) Participation encouraged ongoing reflection and learning beyond the session itself.
3) The Learning Community provided realistic and actionable strategies.

Open-Ended Questions

WIG Progress: What progress has your program team made toward its WIG?

Action Taken: Describe one action your community took because of participation.

Support Needs: What support would help your community continue progressing toward its WIG?