

Program Title	On-Site Instructor(s)	Date of Workshop
Better Kid Care Instructor Modules		
Your zip code	Your birthday (MM/DD) ____/____[No year]	Last 4 digits of primary phone#

**For which Better Kid Care module(s) are you taking this survey? (check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Art Appreciation 101 for Young Children                         | <input type="checkbox"/> Getting Ready to Read and Write                     | <input type="checkbox"/> Music for the Non-Musical                            |
| <input type="checkbox"/> Avoid Behavior Problems: Teach Self Control                     | <input type="checkbox"/> Giving Your Best: Making Secure Attachment          | <input type="checkbox"/> Parents: Friends or Foes                             |
| <input type="checkbox"/> Building Relationships with Children and Youth Who Challenge Us | <input type="checkbox"/> Healthy Air + Healthy Spaces = Healthy Children     | <input type="checkbox"/> Problem Solving with Children                        |
| <input type="checkbox"/> Childhood Obesity Prevention: Inspiring Physical Activity       | <input type="checkbox"/> How to Get Parents on Your Team                     | <input type="checkbox"/> Science for Young Thinkers                           |
| <input type="checkbox"/> Childhood Obesity Prevention: Promoting Health Eating           | <input type="checkbox"/> How to Turn Good Play into GREAT Play               | <input type="checkbox"/> Sparking Kids' Curiosity                             |
| <input type="checkbox"/> Creating Special Moments with Infants and Toddlers              | <input type="checkbox"/> I want! I Want!! I WANT!!!: building good consumers | <input type="checkbox"/> What Does "Time" Mean to Children?                   |
| <input type="checkbox"/> Emergency Preparedness  | <input type="checkbox"/> Improving Transition Times                          | <input type="checkbox"/> Your #1 Priority - Keeping Children Healthy and Safe |
| <input type="checkbox"/> Every Child Counts: Building Community                          | <input type="checkbox"/> Math for Every Age                                  | <input type="checkbox"/> Other, please list: _____                            |

*The information above is for evaluation purposes. It will connect this survey to your six month follow up survey responses. Your information will be kept private and confidential, and your identity will not be connected to your responses.*

**I. Tell us what you thought about today's training.**

A. How much did you learn today that applies to your work in childcare settings? (check one answer)

- Very much     Much     Little     Very little

B. How much of what you learned will you be able to use in your childcare setting? (check one answer)

- Very much     Much     Little     Very little

C. How satisfied were you with this professional development program? (check one answer)

- Very satisfied     Satisfied     Not satisfied     Very unsatisfied

D. How satisfied were you with the on-site instructors? (check one answer)

- Very satisfied     Satisfied     Not satisfied     Very unsatisfied

E. Before today's training, how confident did you feel about doing the strategies discussed in this professional development program?

- Very confident     Somewhat confident     A little confident     Not at all confident

F. Now that you've completed the training, how confident do you do you feel about doing the strategies?

- Very confident     Somewhat confident     A little confident     Not at all confident

**II. Open-ended questions:**

What information, ideas and/or approaches did you learn during this training that will be most useful to your work?	
What are some specific next steps that you will take in applying what you learned during this training?	
I want to learn more about:	

**III. Tell us more about yourself.**

A. Which type of child care facility most accurately describes where you work?

- Facility-based child care
- Home-based child care
- Neighbor-relative child care
- Not currently caring for children
- Other \_\_\_\_\_

B. In a typical year, what is the overall number of children your facility serves?	children
C. In a typical year, how many children from <i>military-connected</i> families do you think you serve?	children

D. What is your gender?       Male  Female

E. What is the total number of years you have been employed in a setting working with children and families?	years
F. What is the total number of years you have worked in your current position?	years

*Thank you for completing this survey for the Childcare & Youth Training & Technical Assistance Project (CYTTAP).*

