

Program Title	On-Site Instructor(s)	Date of Workshop
Better Kid Care Instructor Modules		
Your zip code	Your birthday, (MM/DD)	The last four digits of your primary phone number
	__ __ / __ __ [No year]	

**For which Better Kid Care module and AGES GROUPS are you taking this survey? (List all)**

Module:	Age Group:
---------	------------

*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

Extension programs and employment are available to all without discrimination.

Evidence of noncompliance may be reported through your local Extension office. This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the U.S. Department of Defense under Award No. 2009-48667-05833.

Developed in partnership with University of Nebraska–Lincoln Extension and Pennsylvania State University Extension.

Any opinions, findings, conclusions, or recommendations expressed herein are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

**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