

## Feedback Survey of Conversation Guide Training

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**Thank you for attending *The Conversation Guide for Professionals on Substance Use, Children, and Families Training* from the National Center for Health, Behavioral Health, and Safety!**

This survey is designed to assess your satisfaction with this training and technical assistance (TTA) experience. It is voluntary, and you do not have to answer any questions you don't want to. The survey takes about 10 minutes to complete. This survey is anonymous. By completing this survey, you consent to have your responses shared and stored with the National Center for Health, Behavioral Health, and Safety (NCHBHS) and the Office of Head Start (OHS).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to determine the success of TTA offerings, to improve the responsiveness of TTA offerings to group needs, and to inform continuous quality improvement of future TTA efforts. Public reporting burden for this collection of information is estimated to average 10 minutes per response, 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 05/31/2027. If you have any comments on this collection of information, please contact Nancy Topping-Tailby, Project Director, NCHBHS.  
National Center on Health, Behavioral Health, and Safety.

### **About You**

#### **1) What type of program do you work in? (Select all that apply)**

- Head Start
- Early Head Start
- Early Head Start – Child Care Partnership (EHS-CCP)
- Child care
- American Indian and Alaska Native Program
- Migrant and Seasonal Head Start Program
- Other (please specify): \_\_\_\_\_

#### **2) Select your program's setting. (Select all that apply)**

- Center-based
- Family child care

- Home-based
- Other (please specify): \_\_\_\_\_

**3) What is your role? (Select the option that most closely describes your role)**

- Parent/Family Member
- Federal Staff
- TA Provider/Coach
- State, Territorial, or Tribal Agency Staff, including licensors
- Program Manager, which includes:
  - Directors
  - Center Managers
  - Coordinators (including site coordinators, service coordinators, education coordinators, and health coordinators)
  - Health Managers and Health Specialists
- Consultant or Health Care Provider, which includes:
  - Nurses
  - Child care health consultants
  - Infant and Early Childhood Mental Health Consultants
  - Nutrition consultants
  - Dental hygienists
  - Doctors
- Frontline Staff, which includes:
  - Home visitors
  - Teachers, Teacher aides, and Teacher assistants
  - Family child care providers
  - Family engagement staff (including family advocates and family service workers)
  - Bus staff
  - Health and nutrition services staff
  - Facilities staff
- Other (please specify): \_\_\_\_\_

**4) Which of these options most closely aligns with your specific federal staff role?**

- Federal/Regional Office Staff
- Federal Staff - OHS
- Federal Staff - OCC

- ( ) Other Federal Staff

**5) Which of these options most closely aligns with your specific TA provider/coach role?**

- ( ) National Center Staff
- ( ) Regional Training/Technical Assistance Network Staff
- ( ) National Technical Assistance provider
- ( ) Early Childhood Specialist
- ( ) Technical Assistance Coordinator
- ( ) Grantee Specialist Manager
- ( ) Grantee Specialist
- ( ) Health Specialist
- ( ) Family Engagement Specialist
- ( ) Coach

**6) Which of these options most closely aligns with your specific staff/tribal agency role?**

- ( ) State Pre-K Staff
- ( ) Department of Education Early Learning
- ( ) Head Start State Collaboration Office
- ( ) Head Start State Collaboration Director
- ( ) State-Level Early Childhood Membership Organization
- ( ) State/Child Care Licensing Staff
- ( ) Quality Rating Improvement System (QRIS)
- ( ) Child Care Partner
- ( ) Systems Specialists
- ( ) State Education Agency
- ( ) CCDF Lead Agency
- ( ) Child Care Resource & Referral (CCR&R) Agency Staff
- ( ) Other State/Territory/Tribal Staff

**7) Which of these options most closely aligns with your specific program manager role?**

- Education Manager
- Director/Assistant Director
- Health Manager
- Disabilities Manager
- Family Services Manager
- Mental Health Manager
- Nutrition Manager
- Data Specialist
- CFO

**8) Which of these options most closely aligns with your specific consultant/healthcare provider role?**

- Infant and Early Childhood Mental Health Consultant
- Child Care Health Consultant
- Nurse
- Other healthcare provider

**9) Which of these options most closely aligns with your specific frontline staff role?**

- Home Visitor
- Teacher (includes AIAN Early Childhood Program Staff)
- Teacher Aide/Assistant
- Family Support Worker (includes Family Advocate/Family Services, Parent Involvement Specialist, Family Educator)
- Family Child Care Provider (includes Family Child Care Staff, Program Provider, Child Care Staff)
- Other

**10) How long have you been working in a Head Start or other early care and education (ECE) program?**

- Less than one year
  - 1-4 years
  - 5-9 years
  - 10 or more years
  - Not applicable (N/A)
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**Your Feedback**

**11) Please reflect on the following statements regarding your knowledge and confidence after participating in *The Conversation Guide for Professionals on Substance Use, Children, and Families Training*.**

*\*Response options: Strongly agree, agree, disagree, strongly disagree*

- I am aware of strategies to engage all families in conversations about safe storage, including substances.
- I am aware of strategies to engage all families in conversations about safe caregiving.
- I am aware of strategies to engage all families in conversations about family well-being.
- I am confident in my ability to engage all families in conversations about safe storage, including substances.
- I am confident in my ability to engage all families in conversations about safe caregiving.
- I am confident in my ability to engage all families in conversations about family well-being.

**12) Please give an example of one action step you will take as a result of the knowledge you gained.**

**13) Please rate your agreement with the following statements regarding the training:**

*\*Response options: Strongly agree, agree, disagree, strongly disagree*

- I plan to use The Conversation Guide for Professionals on Substance Use, Children, and Families in the future.
- I plan to use the safe-storage bags in the future.
- I plan to use the parent handouts in the future.
- I was satisfied with the quality of this session.
- The facilitator(s) were effective in communicating key information.
- The facilitator(s) were effective in engaging participants.
- The content was relevant to my work.
- The information presented was respectful, non-judgmental, and support of diverse populations.
- The content of this session was inclusive of diverse cultural experiences and backgrounds.

**14) Would you recommend this training to a colleague?**

- Yes
- No

**15) What additional resources or supports could we provide to help you feel more comfortable and confident talking with families about substance use, safe storage, and safe caregiving?**

**16) Please provide any positive feedback about the session or suggestions for improvement.**

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**Additional Information**

The final section of this feedback form includes questions about your identity. All questions are entirely voluntary and you may choose to skip or leave any of the following questions blank.

The purpose of these questions is to better understand the identities represented within our educational programming and to address disparities that may exist in our programming's reach.

**17) What is your ethnicity? (Select one)**

- Hispanic or Latino

- Not Hispanic or Latino

**18) What is your race? (Select all that apply)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other (please specify):

**19) What language do you speak at home the most? (Select one)**

- English
- Spanish
- Other (please specify):