**Description: Description: I:\Staff\GSSW\CWP\Project Launch\Resources\Logos\PSU Logo.jpg**

**Early Learning Provider**

**OCF P-3**

**Shared Professional Development Participant Survey**

Thank you for taking the time to complete this survey! Because this is part of a statewide assessment, you may or may not be addressing all of the issues we ask about below. Please answer to the best of your ability, based on your local experiences. The information you provide will help the Oregon Community Foundation to assess priorities and progress in improving the system of services for children ages 0-8 and their families in communities across Oregon.

1. Using the table below, tell us your level of agreement with each statement, thinking about your knowledge, skills, and attitudes **BEFORE** and **AFTER** participating in this professional development opportunity.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Note:*** *If you have not addressed the topic below, please leave that question BLANK.* | **BEFORE** Participating | | | | | **AFTER** Participating | | | | |
| **Strongly disagree** | **Disagree** | **Neutral, no opinion** | **Agree** | **Strongly Agree** | **Strongly disagree** | **Disagree** | **Neutral, no opinion** | **Agree** | **Strongly Agree** |
| 1. I understand what kindergarten teachers expect from children when they start school. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I understand what kindergarten teachers expect from families when their children start school. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I do things with children in my work to help them develop the skills they need to be ready for school. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I have the skills and tools I need to support children and families to transition to kindergarten successfully. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I know what assessment and screening tools are most commonly used by elementary school/s in my community. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. Kindergarten teachers in our community know what assessment and screening tools are commonly used in early childhood education programs. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

**2.** Using the table below, please tell us how much you agree or disagree with each statement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral, No Opinion** | **Agree** | **Strongly Agree** |
| 1. I have opportunities to interact regularly with kindergarten teachers. | 1 | 2 | 3 | 4 | 5 |
| 1. I have the resources I need (space, time, substitutes, etc.) so that I can spend time meeting with kindergarten teachers. | 1 | 2 | 3 | 4 | 5 |
| 1. Spending time meeting with kindergarten teachers is useful to me in my work. | 1 | 2 | 3 | 4 | 5 |
| 1. I have learned a lot by having the opportunity to interact with kindergarten teachers in my community. | 1 | 2 | 3 | 4 | 5 |

**Please turn over ->->->->->**

1. Tell us the **most important thing(s)** you have learned through this professional development activity?

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1. In what ways, if any, has what you have learned changed the way you do your work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What other activities or opportunities to share information/build connections with elementary teachers/staff would be helpful to you?

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1. Which of the following *best* describes your role (**please select only one**):

🞏 Early Learning/Early Childhood Teacher/Staff

🞏 Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you worked in this role?

🞏 Less than one year 🞏 4-6 years 🞏 More than 10 years

🞏 1-3 years 🞏 7-10 years

1. What is your Race/Ethnicity? (Please mark all that apply):

🞏 African American / Black 🞏 Hispanic/Latino 🞏 Asian American / Pacific Islander

🞏 American Indian/Alaskan Native 🞏 White 🞏 Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for taking the time to complete this survey!**

**ADMIN USE ONLY (Please complete all relevant fields below)**

School or Neighborhood Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Title/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Form Completed: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Survey ID

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