

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

**K-12 Teachers/Staff**

**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 the kinds of child care and early learning experiences children in our community have before they start school. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I understand how important it is for children to have good early learning experiences **before** they start school. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. Early learning providers in our community help children develop the skills they need to be ready for school. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel that early learning providers in my community understand my expectations for school readiness. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I know what assessment and screening tools are most commonly used by early learning providers in my community. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. Early learning providers in our community know what assessment and screening tools are used in my school. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

1. 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 community early childhood providers. | 1 | 2 | 3 | 4 | 5 |
| 1. I have the resources I need (space, time, substitutes, etc.) so that I can spend time meeting with early childhood providers. | 1 | 2 | 3 | 4 | 5 |
| 1. Spending time meeting with early childhood/early learning providers 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 early childhood providers 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 early learning providers would be helpful to you?

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

🞏 K-12 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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