



Provider Capacity Programs ASQ Workshop Evaluation

******Confidential******

Please help us evaluate our programs by completing this survey and returning it to the person collecting this form in the envelope provided and seal it. Clients are also offered the option of mailing their responses directly to the First 5 Fresno office located at: 550 E Shaw Ave., St. 215, Fresno, CA 93710. All information is confidential and will not be associated with your name. All information is confidential and will not be associated with your name.

First Name: _____ **Last Name:** _____

The Teacher	Poor 	Fair 	Good 	Excellent
WP01. Was knowledgeable on this topic				
WP02. Communicated clearly and was organized				
WP03. Encouraged participation and questions				
WP04. Used real life experiences and examples				
WP05. Made good use of my time				
WP06. Overall rating of the teacher				
Rate these aspects of the workshop /technical assistance				
WP07. Quality and usefulness of handouts				
WP08. Relevant to my work				
WP09. Meeting room was comfortable				
WP10. Time of day the workshop was offered				
WP11. Overall value of workshop /assistance				
This workshop/technical assistance	Strongly Disagree 	Disagree 	Agree 	Strongly Agree
WP12. Has improved my ability to work with children under my care				
WP13. Provided me with useful information				
WP14. Taught me important skills				
WP15. I feel more confident of when to make a referral to another agency				
WP16. The ASQ is a good tool to identify children who may have developmental delays or other concerns				



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WP19. Which best describes your current job? <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Child Care Center Staff <input type="checkbox"/> Director of a child care center <input type="checkbox"/> Other		
WP20. Parent/Guardian Race/Ethnicity (Check ONE box):		
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black/African-American
<input type="checkbox"/> Asian	<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Multi-Racial
<input type="checkbox"/> Hmong	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other /Unknown: _____
WP21. How long have you worked in the early childhood area?		
<input type="checkbox"/> Less than one year	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 4-6 years <input type="checkbox"/> 7 - 10 years <input type="checkbox"/> More than 10 years
WP22. What is the highest education level you have completed? (check one box)		
<input type="checkbox"/> Less than 9 th grade	<input type="checkbox"/> Some college, no degree	<input type="checkbox"/> Vocational/Technical
<input type="checkbox"/> 9 th to 12 th grade, no diploma	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Graduate/professional degree
<input type="checkbox"/> High school graduate/GED equivalent	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Don't Know/Declined