



First 5 San Mateo County
General Provider Survey

(for 4Cs-provider capacity, LPCH-ASQ training, Legal Aid, and Our Second Home-general drop-in trainings)

Consent to Participate in the First 5 San Mateo County Evaluation

I agree to allow this agency or program to share information about me with the First 5 San Mateo County Commission and its evaluators. This information will help First 5 San Mateo County learn about the service providers participating in professional development activities across San Mateo County. I understand that:

- Program staff will ask me for my name, date of birth, zip code, ethnicity, language, and level of education.
- Program staff will also ask me to rate my level of knowledge and skill as a service provider.
- I can skip any question that I am not comfortable answering.
- Only certain people will be able to see our personal information (such as name, date of birth). People who can see our personal information **cannot** share it with anyone else.
- Evaluation reports will **never** have information in them that might identify me.
- There are no known risks to participating in this evaluation. By participating in this evaluation, my views may help to improve professional development activities offered to service providers in San Mateo County.
- It is very important to First 5 San Mateo County that my private information is safe. That is why my information will be protected with the most advanced security methods.
- This Authorization is voluntary; I can choose not to sign it and I still will receive services from this agency or program.
- My approval to use my information will end 10 years from the date on this form. I can always change my mind and ask that my information no longer be shared or that it be erased. I can do this by sending a form (that can be obtained from this organization) to:

Jenifer Clark, First 5 San Mateo County, 1700 S. El Camino Real, Suite 405, San Mateo, CA 94402.

Printed name

Signature

Date Signed

**First 5 San Mateo County
Service Provider Data Collection Form**











Today's Date: _____

Participant's Full Name:			Gender:	Date of Birth
Last	First	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	(MM/DD/YYYY):
What is your primary language?			Work Place Zip Code:	
<input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Other:				
What is your highest level of education (currently)?:				
<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate/PhD/MD				
What is your race/ethnicity? (Mark all that apply.)				
<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Multiracial <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Other:				
What type of provider are you?				
<input type="checkbox"/> Family-based early childhood education provider <input type="checkbox"/> Center-based early childhood education provider <input type="checkbox"/> Kindergarten teacher <input type="checkbox"/> Family support provider <input type="checkbox"/> Health care provider <input type="checkbox"/> Other:				

Service Provider Survey

This is a survey about the First 5 San Mateo County-sponsored professional development activity you just completed. Please let us know whether your knowledge and skills as a service provider have changed since participating in the activity.

Directions: Please read the statement about your skills and knowledge in the first column. Then, rate your knowledge/skill level **NOW** (after participating in the professional development activity) by putting an **X** in the chosen column (from “Very low” to “Expert”). In the last group of columns, rate your knowledge/skill level **BEFORE** your participation.

	My level of knowledge/skill NOW					My level of knowledge/skill BEFORE participating in the activity				
	Very low	Lower than average	Average	Higher than average	Expert	Very low	Lower than average	Average	Higher than average	Expert
										
1. My understanding of children’s typical development in the first five years of life.										
2. My understanding of how to respond to the needs and preferences of culturally and ethnically diverse children and families.										
3. My knowledge about how to administer formal developmental screening tools (e.g., Ages and Stages Questionnaire).										
4. My ability to help families access screening and assessment services for their children ages 0-5.										
5. My ability to discuss concerns I might have about their child’s development with their parents.										
6. My ability to partner with parents in decision making about service provision for their children.										
7. My knowledge of effective strategies to include young children with disabilities and other special needs in program services.										
8. My understanding of families’ legal rights pertaining to early intervention and special education.										