



### Early Childhood Education (ECE) Provider Survey

**IMPORTANT:** Please use a BLACK pen. Mark responses boxes with an "X." Use block printing for any text or numeric responses. If you wish to change a response, mark the correct response and CIRCLE it.

I agree to share my answers on this survey with First 5 San Mateo County (F5SMC), its evaluators (SRI International), and the program I am working with today (\_\_\_\_\_).  
Enter Program Name

This information will help F5SMC learn about the service providers with whom they work. I understand that:

- This survey asks for my date of birth, zip code, ethnicity, language, level of education, and my history in the field of early childhood education.
- This survey also asks me to rate my level of knowledge and skill as a service provider.
- I can skip any question I do not want to answer.
- Only a few F5SMC staff and its evaluators will be able to see my answers. Those people are not allowed to share my private information with anyone.
- Reports will not include my private information.
- There are no known risks to completing this survey. My answers might help to improve F5SMC activities for service providers in San Mateo County.
- It is very important to F5SMC that my information is safe, so it will be protected as required by law.
- If I do not complete this survey, I can still receive services from this program.
- My consent to share my answers will end 10 years from today. I can always change my mind and have my information erased. To do this I send a request to:

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

**I consent to take part in this survey and share my information.**






Please print your name, sign and date below, and begin survey on next page.

\_\_\_\_\_  
 Service Provider (**printed name**)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
 Date Signed

<b>Date of Birth</b> (MM/DD/YYYY):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Work Place Zip Code:</b>
<b>Primary language:</b> <i>(Mark one only.)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other: _____		
<b>Race/ethnicity:</b> <i>(Mark all that apply.)</i> <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: _____		
<b>What is your highest level of education (currently)?</b> <i>(Mark one only.)</i> <input type="checkbox"/> Less than high school diploma/GED <input type="checkbox"/> Associate or technical degree <input type="checkbox"/> Don't know/Declined <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Some college or technical school <input type="checkbox"/> Graduate or professional degree (MA, PhD, JD, MD)		
<b>What type of provider are you?</b> <i>(Mark one only.)</i> <input type="checkbox"/> Family-based child care 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: _____		
<b>Is your program...?</b> <i>(Mark one only.)</i> <input type="checkbox"/> Licensed <input type="checkbox"/> License-exempt <input type="checkbox"/> Not licensed <input type="checkbox"/> Not applicable (not a child care provider)		
<b>If you are working in the field of Early Childhood Education, please answer the following.</b>		
<b>What is your current position?</b> <i>(Mark one only.)</i> <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Supervisor <input type="checkbox"/> Program Director/Administrator <input type="checkbox"/> Other:		
<b>How long have you been working in the field of Early Childhood Education?</b> _____ Years		
<b>How long have you been employed at your current child care site?</b> ___ Years		
<b>Do you hold a California Child Development Teaching Permit?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
If <b>yes</b> , select permit level:		
<input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <b>Expiration Date:</b> _____		

<b>1</b> Very Low	<b>2</b> Lower than Average	<b>3</b> Average	<b>4</b> Higher than Average	<b>5</b> Expert
				

Please read each statement. Then, rate how much you knew **BEFORE** you participated in this program by putting an X in the column from “Very Low” to “Expert.” Then, rate how much you know **NOW** (after participating in this program).

We understand that not all of the topics may have been covered in the program. If this is the case, your ratings may be the same for “Now” and “Before.”

How much I know about...	How much I knew <b>BEFORE</b> participating in the program					How much I know <b>NOW</b>				
	Very Low <b>1</b>	<b>2</b>	Avg <b>3</b>	<b>4</b>	Expert <b>5</b>	Very Low <b>1</b>	<b>2</b>	Avg <b>3</b>	<b>4</b>	Expert <b>5</b>
1. How children usually develop in the first five years of life.										
2. How to tailor services to meet the needs of people of different cultures.										
3. How to use tools to screen children for developmental concerns (e.g., Ages and Stages Questionnaire).										
4. How to help families get the services they need for their young children.										
5. How to share concerns with parents about their child’s development.										
6. How to decide with parents what services are best for their children.										
7. How to fully include young children with disabilities in our services.										
8. Children’s legal rights about early intervention and special education services.										
9. How to use tools to rate the quality of an ECE program (e.g., ECERS, ITERS, FCCERS).										

Appendix G6

How much I know about...	How much I knew <b>BEFORE</b> participating in the program					How much I know <b>NOW</b>				
	Very Low 1	2	Avg 3	4	Expert 5	Very Low 1	2	Avg 3	4	Expert 5
10. How to use many different teaching methods to help children learn.										
11. How to talk with children to increase their learning and language skills.										
12. How to prevent and manage behavior problems.										
13. How to set up an ECE class or program so it is safe and engaging.										
14. How to develop children's interest in letters, words, and books.										
15. How to transition smoothly from one activity to another.										
16. How to help families get special medical, early intervention, or special education services for their young children.										
17. How to manage the ECE work place according to the current budget, policies, and practices.										