



Child Care Center Provider Forms

Evaluation Product
Smart Start Evaluation Team

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UNC-Chapel Hill

DATE COMPLETED ____ / ____ / ____
month day year

A <input type="checkbox"/> Some high school	H <input type="checkbox"/> Some college (1 year or more)
B <input type="checkbox"/> G.E.D.	I <input type="checkbox"/> Associate's degree
C <input type="checkbox"/> High school degree	J <input type="checkbox"/> Bachelor's degree
D <input type="checkbox"/> NC Child Care Credential	K <input type="checkbox"/> Some graduate coursework
E <input type="checkbox"/> CDA credential	L <input type="checkbox"/> Master's degree
F <input type="checkbox"/> Early Childhood Certificate	M <input type="checkbox"/> Post-Master's degree or coursework
G <input type="checkbox"/> Early Childhood Diploma	

- A ____ Visited the child's classroom for at least 30 minutes
B ____ Volunteered in the child's classroom
C ____ Went on field trips with the child's class
D ____ Ate lunch with the child's class
E ____ Attended parent-teacher conferences
F ____ Attended parent education meetings or other parent meetings
- G ____ Donated materials
H ____ Helped with repairing or renovating the facilities
I ____ Helped with fund raising
J ____ Other (please specify) _____

TRAINING EXPERIENCES

10. Have you participated in any of the following types of early childhood training activities during the past year (July 1, 1996-present)?

Please circle Yes or No, check the content area of training, and rate the quality of training for each question.

TYPE OF TRAINING	Have you experienced this type of training?	Which of these content areas were covered in this type of training?	What is the quality of this type of training experience?
	(Circle Yes or No)	(Check all that apply)	(Circle the number to indicate the quality. Note: If you experienced more than one activity within the same type [more than 1 workshop/meeting] rate the overall quality of your combined experiences.)
A Workshops	Yes No	<input type="checkbox"/> child development (language, motor, cognitive, social, and emotional development) <input type="checkbox"/> behavior management <input type="checkbox"/> health and safety (CPR, nutrition) <input type="checkbox"/> child care environment <input type="checkbox"/> serving children who have disabilities <input type="checkbox"/> working with families and other professionals <input type="checkbox"/> planning individual and group activities <input type="checkbox"/> other (please list) _____	1 2 3 4 5 low medium high
B Ongoing consultations from a specialist	Yes No	<input type="checkbox"/> child development (language, motor, cognitive, social, and emotional development) <input type="checkbox"/> behavior management <input type="checkbox"/> health and safety (CPR, nutrition) <input type="checkbox"/> child care environment <input type="checkbox"/> serving children who have disabilities <input type="checkbox"/> working with families and other professionals <input type="checkbox"/> planning individual and group activities <input type="checkbox"/> other (please list) _____	1 2 3 4 5 low medium high
C Visits to other child care classes	Yes No	<input type="checkbox"/> child development (language, motor, cognitive, social, and emotional development) <input type="checkbox"/> behavior management <input type="checkbox"/> health and safety (CPR, nutrition) <input type="checkbox"/> child care environment <input type="checkbox"/> serving children who have disabilities <input type="checkbox"/> working with families and other professionals <input type="checkbox"/> planning individual and group activities <input type="checkbox"/> other (please list) _____	1 2 3 4 5 low medium high

TRAINING EXPERIENCES

10. Have you participated in any of the following types of early childhood training activities during the past year (July 1, 1996-present)?

Please circle Yes or No, check the content area of training, and rate the quality of training for each question.

TYPE OF TRAINING	Have you experienced this type of training?	Which of these content areas were covered in this type of training?	What is the quality of this type of training experience?
	(Circle Yes or No)	(Check all that apply)	(Circle the number to indicate the quality. Note: If you experienced more than one activity within the same type [more than 1 workshop/meeting] rate the overall quality of your combined experiences.)
D Professional organization meetings	Yes No	<input type="checkbox"/> child development (language, motor, cognitive, social, and emotional development) <input type="checkbox"/> behavior management <input type="checkbox"/> health and safety (CPR, nutrition) <input type="checkbox"/> child care environment <input type="checkbox"/> serving children who have disabilities <input type="checkbox"/> working with families and other professionals <input type="checkbox"/> planning individual and group activities <input type="checkbox"/> other (please list) _____	1 2 3 4 5 low medium high
E Courses at high school	Yes No	<input type="checkbox"/> child development (language, motor, cognitive, social, and emotional development) <input type="checkbox"/> behavior management <input type="checkbox"/> health and safety (CPR, nutrition) <input type="checkbox"/> child care environment <input type="checkbox"/> serving children who have disabilities <input type="checkbox"/> working with families and other professionals <input type="checkbox"/> planning individual and group activities <input type="checkbox"/> other (please list) _____	1 2 3 4 5 low medium high
F Courses at a community college or four-year college	Yes No	<input type="checkbox"/> child development (language, motor, cognitive, social, and emotional development) <input type="checkbox"/> behavior management <input type="checkbox"/> health and safety (CPR, nutrition) <input type="checkbox"/> child care environment <input type="checkbox"/> serving children who have disabilities <input type="checkbox"/> working with families and other professionals <input type="checkbox"/> planning individual and group activities <input type="checkbox"/> other (please list) _____	1 2 3 4 5 low medium high

DIRECTIONS FOR DOCUMENTATION OF YOUR TRAINING

We want to know about the in-service training hours that you have participated in this past year. You may need to ask your director for a copy of your training log or the form your center uses to record your hours of in-service training for state documentation.

Please do **one** of these:

1. If you have access to a copy machine, make a copy of your training log and attach the copy to this survey. If you attach a copy of your training hours, you do **not** need to write on the following page. You are finished with the survey.
2. If you do not have access to a copy machine, please write on the following page. Use the information from your training log to complete each column for each training experience you have participated in this year (July 1, 1996-present). For each training experience, write in the title of the activity, the date of the activity, the number of hours for which you received credit, the trainer's name and the sponsoring agency.

Thank you!

DOCUMENTATION OF YOUR TRAINING

Title/Description of Training	Date Received	Number of Hours	Trainer's Name	Sponsoring Agency