The Landscape

A Statewide Survey for Providers of Professional Development in Early Childhood

Directions

Read each of the items below and follow the directions to select the answer that most accurately reflects your own experience as a provider of professional development in your state or local community. In answering the questions, draw upon your experiences providing professional development in the current school year (September through August). Answer each question to the best of your ability.[*]

NOTE: PLEASE DO <u>NOT</u> FORWARD THE SURVEY LINK TO OTHER INDIVIDUALS

Who

I. Who are the Learners?

1. Who are the learners who participate in professional development activities that you facilitate? **(Check all that apply.)**
    a. ____ Practitioners (e.g., early childhood education and early childhood special education/early intervention teachers, teaching assistants, child care providers, paraprofessionals, home visitors)
    b. ____ Specialists (e.g., speech-language pathologists, occupational therapists, physical therapists, school psychologists)
    c. ____ Administrators (e.g., child care directors, principals, school administrators, Pre-K coordinators)
    d. ____ Family members
    e. ____ Professional development providers (e.g., coaches, consultants, technical assistance providers, inclusion specialists, mentors, higher education faculty)
    f. ____ Other: Specify learners_____

[Respondents who check "practitioners" above will see questions 2-6 below. Those who do not check "practitioners" will see question 7 next.]

2. Which level of education is most representative of the <u>practitioners</u> who participate in professional development activities that you facilitate? **(Check one.)**
    a. ____ High School
    b. ____ Some college
    c. ____ Associate of Arts degree
    d. ____ Bachelor of Arts or Science
    e. ____ Graduate degree
    f. ____ Don't know

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[*] This is a document showing *Landscape* content. The survey is actually completed online.

3. Do most <u>practitioners</u> with whom you work have an early childhood and/or early intervention license, credential, or endorsement? **(Check one.)**
    a. _____ Yes
    b. _____ No
    c. _____ Don't know

4. What age groups do the <u>practitioners</u> in your professional development efforts serve? **(Check all that apply.)**
    a. _____ Infants/toddlers (birth-3)
    b. _____ Pre-kindergarten (3-5 year-olds)
    c. _____ Kindergarten – third grade (or higher)

5. In what types of early childhood programs do <u>practitioners</u> in your professional development efforts currently work? **(Check all that apply.)**
    a. _____ Head Start or Early Head Start
    b. _____ Child care (centers and homes)
    c. _____ Private preschools
    d. _____ Public pre-kindergarten or state funded preschool programs
    e. _____ Kindergarten and/or primary elementary school
    f. _____ Early intervention (Part C Infant-Toddler program)
    g. _____ Home visiting or family support services
    h. _____ Preschool for children with disabilities (Part B-Section 619)
    i. _____ Other: Specify type of program_____

6. Which diverse groups of children and families do <u>practitioners</u> in your professional development efforts currently serve? **(Check all that apply.)**
    a. _____ Children from low-income families or high needs communities
    b. _____ Children from diverse racial, ethnic, or cultural groups
    c. _____ Children who are English language learners
    d. _____ Children with identified disabilities or developmental delays (who have an Individualized Education Program [IEP] or Individualized Family Service Plan [IFSP])
    e. _____ Children considered at risk for learning difficulties or challenging behaviors
    f. _____ Children with special health care needs (e.g., children who were born preterm and/or low birth weight, children with chronic illnesses, children who are medically fragile)
    g. _____ Don't know

What

II. What is the Content of the Professional Development?

7. What content areas are covered in the professional development activities that you facilitate? **(Check all that apply.)**
    a. _____ Knowledge about children's *development and learning* (e.g., physical, language and literacy, cognitive, and social-emotional development)
    b. _____ Knowledge about children's *health, safety, and nutrition*
    c. _____ Strategies for collaborating, communicating with, and/or supporting *families*
    d. _____ Strategies for collaborating and communicating with other *professionals*
    e. _____ Strategies for improving general classroom practices, learning environments, and program quality to support development and learning for *all* children
    f. _____ Strategies for improving inclusion, participation, and learning for children with identified

disabilities (who have an IEP/IFSP)

    g.   ____ Strategies for improving inclusion, participation, and learning for children considered *at risk* for learning difficulties or with challenging behaviors

    h.   ____ Strategies for improving inclusion, participation, and learning for children from *diverse cultural and linguistic groups*

    i.   ____ Assessment approaches

    j.   ____ Other: Specify content areas_____

8. On what professional and program standards/competencies do you base the content of your professional development activities? **(Check all that apply.)**

    a.   ____ DEC Recommended Practices

    b.   ____ NAEYC Developmentally Appropriate Practice in Early Childhood Programs

    c.   ____ DEC personnel standards

    d.   ____ NAEYC personnel standards

    e.   ____ Head Start Child Outcomes Framework and Head Start Program Performance Standards

    f.   ____ The Office of Special Education Programs (U.S. Department of Education) Outcomes and State Performance Plan Indicators for Children with Disabilities (http://www.fpg.unc.edu/~ECO/)

    g.   ____ Your state's early learning guidelines/standards for infants and toddlers, pre-kindergarteners, or elementary school students

    h.   ____ Your state's professional competencies or core body of knowledge and/or professional licensing, or authorization/endorsement requirements for early childhood

    i.   ____ Your state's Quality Rating System (QRS) or Quality Rating and Improvement System (QRIS)

    j.   ____ Other: Specify standards/competencies_____

How

III. How do you Deliver Professional Development Activities?

9. Which primary approaches do you use in your professional development efforts to support learners in applying new skills in practice? **(Check all that apply.)**

    a.   ____ **Courses, workshops, or institutes on specific topics**

    b.   ____ **Technical assistance** (responds to program or systems-level needs for improvement using a range of resources, information, and supports)

    c.   ____ **Consultation** (a planned and coordinated sequence of meetings and activities that are negotiated with the client to address a mutually defined goal for change)

    d.   ____ **Coaching** (interactions focused on helping the learner acquire a specific skill or set of skills)

    e.   ____ **Mentoring** (a relationship for learning based on reflection and observation that is designed to promote awareness and refinement of one's professional practice)

    f.   ____ **Co-teaching** (an arrangement in which two practitioners with different expertise share teaching roles and responsibilities)

    g.   ____ **Communities of practice or practitioner study groups** (a group with diverse membership organized to promote shared inquiry and learning in an effort to improve a particular practice)

    h.   ____ **Distance learning** (a wide range of teaching and learning activities using Internet and Web-based resources and tools)

    i.   ____ **Other: Specify approaches**_____

10. Which specific teaching strategies do you use in your professional development activities? **(Check all that apply.)**

    a.   ____ Lectures

    b.   ____ Large and small group discussions

    c.   ____ Large and small group activities

    d.   ____ Video demonstrations of specific teaching or intervention practices

e. _____ Individual or group assignments (e.g., group projects)
f. _____ Structured opportunities to interact with and learn from families of young children
g. _____ Print materials (e.g., readings, books, course packs, handouts)
h. _____ Case method of instruction (e.g., vignettes, examples, case stories)
i. _____ Field assignments, homework, back-home or action plans
j. _____ Role play
k. _____ Guidance and feedback on instructional or intervention practices
l. _____ Web resources, or online literature searches
m. _____ Networking opportunities (e.g., email, listservs, virtual communities, mailings, face-to-face contacts/meetings, phone)
n. _____ Other: Specify teaching strategies_____

11. What type of credits can learners earn in the professional development activities you typically provide? **(Check one.)**
    a. _____ Continuing education credits
    b. _____ College or university credits
    c. _____ Certificate of participation
    d. _____ State approved/required training credits
    e. _____ Other: Specify type of credit_____

12. Which best describes the <u>level of intensity</u> of the professional development you typically provide? **(Check one.)**
    a. _____ 1-time professional development event with or without some follow-up activities
    b. _____ Multiple professional development sessions that amount to less than a full semester course
    c. _____ The equivalent of a full semester course and/or long-term professional development support (e.g., technical assistance, consultation, coaching, mentoring)
    d. _____ Other: Specify level of intensity_____

13. What type(s) of follow-up support/technical assistance do you provide for your participants? **(Check all that apply.)**
    a. _____ Onsite/in person
    b. _____ E-mail
    c. _____ Phone
    d. _____ Regular mail
    e. _____ Other: Specify type of follow-up_____

Contexts & Supports
IV. Key Contexts and Supports for Professional Development

14. Is the professional development you provide coordinated across multiple agencies, institutions, or disciplines? **(Check one.)**
    a. _____ Yes: Specify which agencies, institutions, or disciplines (e.g., Pre-K and Head Start collaborative trainings)_____
    _____

    How often is the professional development you provide coordinated across multiple agencies, institutions, or disciplines?   ☐ Sometimes
    ☐ Frequently

    b. _____ No

15. Do you ever publicize the professional development you provide? **(Check one.)**
    a. _____ Yes: Specify methods used_____
    _____

    b. _____ No

16. Are you aware of any specific local, state, or federal policies and initiatives that influence how you approach professional development? **(Check one.)**
    a. _____ Yes: Specify these policies and initiatives_____
       _____
    b. _____ No

17. Are there incentives available to encourage participation in the professional development you provide? **(Check one.)**
    a. _____ Yes: Specify these incentives_____
       _____
    b. _____ No

18. Are you aware of any organizational or agency resources that can be used to support the professional development you provide? **(Check one.)**
    a. _____ Yes: Specify these resources_____
       _____
    b. _____ No

19. Do you use any methods to evaluate the professional development you provide? **(Check one.)**
    a. _____ Yes: Specify methods used_____
       _____
    b. _____ No

About You

V. Please Tell Us About Yourself

20. What is your age? _____ yrs. **[Drop-down menu listing whole numbers from 20 through 69, and 70+]**

21. What is your sex? ☐ Female ☐ Male

22. What is your ethnicity? **(Check one.)**
    a. _____ Hispanic, Latino, or Spanish origin
    b. _____ Not Hispanic, Latino, or Spanish origin

23. What is your race? **(Check one.)**
    a. _____ White
    b. _____ Black, African American, or Negro
    c. _____ American Indian or Alaska Native
    d. _____ Asian Indian
    e. _____ Japanese
    f. _____ Native Hawaiian
    g. _____ Chinese
    h. _____ Korean
    i. _____ Guamanian or Chamorro
    j. _____ Filipino
    k. _____ Vietnamese
    l. _____ Samoan
    m. _____ Other Asian: Specify_____
    n. _____ Other Pacific Islander: Specify_____
    o. _____ Some other race: Specify_____
    p. _____ Multiracial: Specify_____

24. How many years have you worked in the early childhood field? _____ yrs. **[Drop-down menu listing whole numbers from 0 through 49, and 50+]**

25. How many years have you worked as a provider of professional development for practitioners who work with young children (birth to 8) and their families? _____ yrs. **[Drop-down menu listing whole numbers from 0 through 49, and 50+]**

26. What is your highest level of education? **(Check one.)**
    a. _____ High School
    b. _____ Some college
    c. _____ Associate of Arts degree
    d. _____ Bachelor of Arts or Science
    e. _____ Masters degree
    f. _____ Doctorate

27. What is the discipline most closely affiliated with your highest level of education? **(Check one.)**
    a. _____ Early Childhood Education/Early Intervention
    b. _____ Education/Special Education
    c. _____ Allied Health
    d. _____ Psychology
    e. _____ Social Work
    f. _____ Health
    g. _____ Other: Specify discipline_____

28. Who is your primary employer? **(Check one.)**
    a. _____ University, college, or community college
    b. _____ Child Care Resource & Referral (CCR&R)
    c. _____ Local or regional agency (e.g., public school, intermediate education unit, social services, mental health, education service district)
    d. _____ State agency (e.g., Department of Education, Department of Social Services or Human Services, Department of Public Health)
    e. _____ Federal (e.g., Head Start, military)
    f. _____ Self-employed/independent contractor
    g. _____ Professional organization (e.g., state AEYC, DEC)
    h. _____ Other (e.g., family support program): Specify employer_____

29. Do you provide professional development as part of any state or regional professional development network(s)/system(s)? **(Check one.)**
    a. _____ Yes: Which is your primary network/system? **[Response options by state]**
             Other: Specify primary network/system_____
    b. _____ No

30. In which region(s) do you typically provide professional development? **(Check all that apply.)** **[Response options by state]**

31. Do you have a credential from your state as a professional development provider? **(Check one.)**
    a. _____ Yes: Specify the credential_____
    b. _____ No

32. How often do you provide professional development? **(Check one.)**
    a. _____ Less than once per month
    b. _____ 1-2 times per month
    c. _____ 3-5 times per month
    d. _____ More than 5 times per month

33. In which state do you currently work? [**Drop-down menu listing states**]

34. We are interested in building or expanding a database of professional development providers in your state. If you are willing, please provide us with your name and email address. This contact information will

not be linked in any way to the responses you provided on this survey, but will be used to develop a list of professional development providers in your state.

    a. Name_____

    b. Email address_____

THANK YOU for taking the time to complete this survey!