ID Number: **Supporting Healthy** (Agent Use only) Early Childhood - parent Title of Program: Date of Program: Program Location: Instructor: Thank you for participating in this program. To help determine the impacts of this program and improve it further, we would like you to complete this brief survey. Your participation is voluntary, and all efforts will be made to ensure your confidentiality. Thank You! 1. Because of your participation in this program, did you learn anything new? YES ■ NO a) If yes, what did you learn? 2. Because of your participation in this program, do you plan on taking any action or changing anything in your life? ☐ YES a) If yes, what? 3. Gender: ☐ Female □ Male 4. Your Age: 5. Your Race (select all that apply): ☐ American Indian or Alaska Native ■ Native Hawaiian/Other Pacific Islander □ Asian ■ White or European American ☐ Black or African American ☐ Prefer not to respond ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to respond 6. Ethnicity: 7. Marital Status (please check only one): □ Married ■Single ☐ Single, living with partner ■ Widowed ☐ Separated or Divorced ☐ Prefer not to respond

8. Highest Education Level (please check only one):



	□ Less than High School□ Bachelor Degree		chool or GE te Degree		Some Collect Prefer not to	ge or Technio respond	cal Training
9.	Are you military connected?	ΠY	ES 🗆 N	0			
	If so, how?						
10	D. For the following items, ple appropriate box. There are				ent by placin	g a check in	the
			Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
</td <td>nsert items from Item Bank></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	nsert items from Item Bank>						
44							
11	. Please provide any addition	ai commeni	is you may	nave.			
40	May we contact you later to						
	. May we contact you later to	_		s program?	LI YES L	I NO	
lf y	ves, please leave your contac	t informatio:	n here.				
Na	ıme						
Ad	dress						
	one						

partnerships and to whole communities please respond to the following questions. To my understanding, this program has been conducted as (check all that apply):
☐ Part of a grant-funded project called
Trait of a grant-funded project called
☐ Part of a community coalition or partnership where the local Extension professional's role is:
1) Convening and Networking—creating networks among professionals practitioners, decision makers, funders and othe stakeholders.
2) Knowledge Development and Dissemination —helping shape a local vision for family and child development (e.g developing resources, funding, technical assistance, curricula and other materials, and making them available accessible to others).
3) Standards Identification and Setting— working with organizations to identify best practices and professional skills/competencies that support family and child development.
4) Training—locating and creating training programs, providing training directly, and referring organizations to other source of training for personal or professional development.
5) Management Assistance—performing management functions for a coalition/partnerships (e.g. accounting, fiduciary support providing information on funding and raising funds; providing organizational development assistance on topics including board development, financial and facilities management, and information technology
6) Advocacy and Representation — representing family and child development contributions and needs to stakeholders, decision makers, funders, and others on family and child development issues.
7) Accountability—helping develop assessments and monitoring processes; participating in program documentation, evaluation and oversight.
8) Other:
☐ I am not sure of the local Extension professional's role in coalitions, partnerships or whole community programs.
s there anything else the <i>K-State Extension Family and Child Development Program Focus Team</i> needs to know about this program or its impact?

13. In order to track the contributions that local Extension professionals make to community coalitions,