

Parent/Professional Sub-Committee Questions

1. Category: Organizational Profile

In order to inventory the family engagement training opportunities that exist across systems in Ohio, the Ohio Family and Children First Cabinet Council's Family Engagement Steering Committee requests that your agency complete the following survey. The survey will assist in categorizing training initiatives offered by Ohio's public and private organizations. This will result in:

- Improved coordination of family engagement efforts in Ohio
- Strengthened parent and professional partnerships
- Empowered parents who can better navigate systems, advocate for their own families and/or serve as formal advocates for other families, and
- Enhanced partnerships between families, schools, and community organizations

Survey results will be available on a new statewide website The Red Treehouse, which will be launched in the fall of 2011. The purpose of the website is to provide one stop access to information and resources to support Ohio's families and children. The benefits of completing this survey for you and your agency are:

- Your organization's profile and training services will be automatically uploaded to the website and available statewide to Ohio's 11 million citizens.
- Your participation will help facilitate sharing of information and networking among public and private family serving organizations
- Knowledge of effective models currently in use will be increased

To be included in the official inventory and have your information uploaded, please respond by August 26, 2011. If you have questions about the survey, please email the Shawn McElroy, Co-Chair (Shawn_McElroy@scesc.k12.oh.us) or Mary Murray, Co-Chair (mmurray@bgsu.edu).

We thank you in advance for your participation.

1. Primary Contact Agency:

2. Primary Contact Person Name:

3. Primary Contact Department:

4. Primary Contact Phone:

5. Primary Contact Email:

6. Primary Contact Website:

Parent/Professional Sub-Committee Questions

7. Primary Organizational Address:

Address Line 1

Address Line 2

City, State Zip Code

8. Which of the following best describes the geographic area served by your agency?

- Statewide (Services available throughout Ohio)
- Regional (Services available in multiple counties)
- County-wide (Services provided to a variety of organizations within a given county)
- City, Village, or Township (Services only available in a city, town or village)
- School District(s) Only (Choose this option if your agency only provides services to school districts)

Parent/Professional Sub-Committee Questions

3. County List

1. What county in Ohio does your agency serve?

Ohio County

-

Parent/Professional Sub-Committee Questions

4. Cities, villages and townships

1. Please enter names of the cities, villages and/or townships that your program serves.

City(s)

Village(s)

Township(s)

Parent/Professional Sub-Committee Questions

6. Category: Program Overview

The purpose of the following questions are to gain a better understanding of the training program(s) offered by your organization. Your organization may input information for each of the programs offered across all for training categories (described below). However, you must enter the information one program at a time. We appreciate your efforts to help us share the great work your group is doing for Ohio's 11 million citizens.

1. What is the program name?

2. Please give a brief description of the training program. (100 word limit)

3. Which of the following categories best describes the training program you are offering? (An explanation of each option is found below.)

- Parent Leadership Training
- Parent Professional Partnership Training
- Family Engagement Training for Services Providers
- Parent Advocacy Training
- None of these apply

If "none of these apply", what is the category that best describes your training?

Parent/Professional Sub-Committee Questions

Parent Leadership Training

Target Audience: Parents, Grandparents, Guardians, Family Caregivers, or other individual caring for a child.

Goal: To help parents, grandparents, guardians, family caregivers, or other individuals caring for a child develop the skills, knowledge, and confidence to provide the leadership necessary to achieve positive community outcomes for children, youth and families. Many of these training programs are comprehensive in nature, spanning multiple weeks or months.

Parent Professional Partnership Training

Target Audience: Parent/Caregiver (including Grandparents, Guardians, Family Caregivers, or other individual caring for a child) and Professionals.

Important Note: Training curriculums and program listed under this category must be designed for teams made up of parents/caregiver and professionals.

Goal: Teams of parents, family caregivers, and professionals learn to work together toward common outcomes or goals. Activities include, but are not limited to, role identification, relationship building, communication, how systems work and the missions of each system. The distinguishing factor for this category of training is that parents and professionals complete the training as part of a collaborative team or learning cohort.

Family Engagement Training for Service Providers

Target Audience: Family Service Providers, including Educators

Goal: To educate service providers (including educators) about the importance of interacting with families in a manner that supports mutual respect, shared decision-making, two-way meaningful communication, and cultural understanding.

Parent Advocacy Training

Target Audience: Parents, Grandparents, Guardians Family Care Givers and/or Family Support Persons.

Goal: Parent advocacy training is designed to empower parents to successfully advocate for their own families and/or serve as formal advocates for other families. Parent advocacy training programs focus on building the skills and knowledge of participants to successfully navigate social service and educational systems (special education, gifted education, etc.). Programs may also prepare participants to formally help other parents navigate systems and/or to improve policies at the local, state and/or federal levels. Below are some examples of parent advocacy training components that might fit under each type/level:

- Understanding & Navigating Social Service/Educational (Special Education and/or Gifted Education) Systems - (information on system language/terminology/acronyms, navigation tips, etc)
- General Advocacy Skills (communication & relationship building, conflict management, tips on how to prepare for meetings, how to dress, etc.)
- Formally Advocating for Others - (this is typically a formal, more intensive training with multiple sessions and on-going core competency standards with continuing education requirements. Formal advocates may receive stipend payments or salary for their formal advocacy work)
- Advocating for Social Service and Educational (Special Education and/or Gifted Education) Systems Change at the Local, State and/or Federal Level (training on how to get involved/impact social service programming and policy decisions)

Parent/Professional Sub-Committee Questions

7. Category: Target Population

1. Who is your intended audience for this training program?

- Parents/Guardians
- Professionals
- Parents/Guardians and Professionals Together
- Family Caregivers
- None of these apply

Parent/Professional Sub-Committee Questions

8. Target Population cont.

1. If "professionals" is checked, which of these options best describes the target audience for your training program?

- Teachers/School Personnel
- Mental Health Professionals
- Health Care Professionals
- Parent Advocates
- Child Welfare Providers
- None of the above

2. If "none of these apply", please list your intended audience type:

Parent/Professional Sub-Committee Questions

9. Category: Where is the program offered?

1. What area(s) in Ohio do you offer this program?

Do you offer the program only in the areas covered by your organization's service area?

- Yes
- No

Parent/Professional Sub-Committee Questions

10. Areas Where Program is Offered

1. Which of the following best describes the places your program is offered?

- Statewide (Services available throughout Ohio)
- Regional (Services available in multiple counties)
- County-wide (Services provided to a variety of organizations within a given county)
- City, Village, or Township (Services only available in a city, town or village)
- School District(s) Only (Choose this option if your agency only provides services to school districts)

Parent/Professional Sub-Committee Questions

12. Copy of page: County List

1. In what county in Ohio is your program offered?

Ohio County

- 

Parent/Professional Sub-Committee Questions

13. Copy of page: Cities, villages and townships

1. Please enter names of the cities, villages and/or townships where your program is offered.

City(s)

Village(s)

Township(s)

Parent/Professional Sub-Committee Questions

15. Category: Level of Evidence/Research cont.

1. Does your training program utilize a best practice or evidence-based practice model?

- Yes
- No

Parent/Professional Sub-Committee Questions

16. Level of Evidence/Research cont.

1. If "yes", which level describes the best practice or evidence-based practice model utilized in your training program?

- Well Supported Practice/Program - found to be effective, true experimental design, two studies, some form of control or multiple measurement point, randomized control trials, systematic review (meta-analysis), program replication with replication evaluation, manual, book, professional writings
- Supported Practice/Program - found to be effective, quasi-experimental design, two studies, some form of control or multiple measurement, no randomization, randomized control trials, systematic review (meta-analysis), independent replication, program evaluation with evaluation replication, manual, book and professional writings
- Promising Practice/Program – some evidence of effectiveness, non-experimental design, no comparison group, no multiple measurement points, no randomization, single case study, pre/post design, independent replication, program replication without replication evaluation, manual, book and professional writings
- Emerging/Evidence Informed Practice/Program – effect is in the expected direction, sound theory, modifies behavior, risk and protective factors, scientific expert opinion, possible replication evaluation without evaluation replication, no manual, book or professional writings
- Undetermined Practice/Program – effect is undetermined, has not been evaluated or does not lend itself to evaluation, observation, needs assessment, windshield survey, possible replication evaluation without evaluation replication, no relevant manual, book or professional writings

2. If "no", does your training program utilize research data or research findings to support the information you are sharing?

- Yes
- No
- Not sure/Unknown

Parent/Professional Sub-Committee Questions

17. Category: Program Endorsement

1. Is your program endorsed by another organization, group, or agency (local, state, or national)?

Yes

No

Parent/Professional Sub-Committee Questions

18. Program Endorsement - Cont.

1. If "yes", please share the name of the agency/agencies endorsing your training program.

2. If "no", are you seeking endorsement from an agency or organization currently?

Yes

No

Parent/Professional Sub-Committee Questions

19. Category: Program Contact Information

1. Please share the name of the primary person responsible for the training program.

Program Coordinator Name:

2. Is the contact information (address, phone, website, etc.) the same as the information you entered at the beginning of the survey?

- Yes
- No

Parent/Professional Sub-Committee Questions

20. Program Contact Information cont.

1. Program Contact Person:

2. Program Agency:

3. Program Department:

4. Program Phone:

5. Program Email:

6. Program Website:

7. Program Contact Address:

Address Line 1

Address Line 2

City, State Zip Code

Parent/Professional Sub-Committee Questions

21. Category: When is training offered?

1. How often is your program offered?

- Annually (once per year)
- Semi-annually (twice per year)
- Quarterly (four times per year)
- Monthly
- Weekly
- Upon Request
- Other

If "Other", how often is your program offered?

2. Please choose an option from the drop-down menu below.

How many sessions are included in a full offering of the program? (Example: A ten week course that meets twice per week would have a total of twenty sessions.)

3. How much time do you schedule for each session? (Example: Attendees meet twice per week for ten weeks for a total of twenty (20 sessions). Each session is two hours long.)

1 hour or less 2 hours 3 hours 4 hours 5 hours 6 hours 7 hours 8 hours More than 8 hours

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4. Upon completion of the program, how many contact hours (time in class) do you list on their certificate of completion or attendance (if applicable)?

Contact Hours

-

Parent/Professional Sub-Committee Questions

22. Category: Continuing Education Credits

1. Are professional continuing education credits (CEUs) offered for completion of this program?

- Yes
- No

2. If "yes", what type of continuing education credits are offered for participants?

- IACT for Teachers/Educators
- CEU for Social Workers
- CEU for Nurses
- Other

If "other", please share the type of continuing education credits offered for participants.

Parent/Professional Sub-Committee Questions

23. Category: Program Registration, Cost, and Materials

1. How much does it cost to attend your training session?

2. Is Pre-Registration required?

- Yes
- No

3. Are training materials provided to participants?

- Yes
- No

4. If "yes", is there an additional fee for training materials?

- Yes
- No

If "yes", what is the fee for the training materials?

Parent/Professional Sub-Committee Questions

24. Category: Program Dates and Times

1. Are you currently offering the program in Ohio?

- Yes
- No

Parent/Professional Sub-Committee Questions

26. Category: Supportive Services for Program Participants

1. What supportive services are available to parents who may be attending your training? (check all that apply)

- Child Care
- Transportation Assistance
- Accessible Environment
- Other
- None

If "other", please share the supportive services available:

2. Is there anything else you would like to tell us about the training program? If so, please share.

Parent/Professional Sub-Committee Questions

27. Enter a Second Program

1. Would you like to enter information for a second program?

- Yes
- No

115. End of Survey

Thank you for completing this survey. Click "done" to submit your information.