ECMHC Program Name: _________________________________________________________________

Today’s Date: _____/_____/_____

Length of time receiving consultation services (in months): _______________

First & last name of consultant you worked with: ________________________________

Please select your gender:

- Male
- Female

How best do you identify your racial/ethnic background? (please select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Mixed race (please specify) ________________________________________________
- Other (please specify) ___________________________________________________

What is your highest level of education?

- Some high school
- Completed high school/GED
- Some college
- Completed advanced degree(s) (please specify) ______________________________
- Completed associate’s degree
- Completed bachelor’s degree
- Completed master’s degree

How many years have you been employed at your present job? ______________

How many total years of experience do you have in child care? ______________

Please circle the best answer for each statement:

1) I feel that the services provided to me by the Early Childhood Mental Health Consultation staff benefited my childcare setting.

   Strongly Agree  |  Agree  | Undecided | Disagree | Strongly Disagree
   5              |  4     |  3        |  2       |  1

2) I feel that my questions and concerns were dealt with in a timely, professional manner.

   Strongly Agree  |  Agree  | Undecided | Disagree | Strongly Disagree
   5              |  4     |  3        |  2       |  1

3) The information that I gained improved my understanding of the child’s experience and feelings.

   Strongly Agree  |  Agree  | Undecided | Disagree | Strongly Disagree
   5              |  4     |  3        |  2       |  1

4) I feel that the assistance given to me was helpful and understandable.

   Strongly Agree  |  Agree  | Undecided | Disagree | Strongly Disagree
   5              |  4     |  3        |  2       |  1

Continued… →
5) Did the consultation help you maintain the child in your program?

Yes  No

If yes, please describe what you found helpful:

6) To what degree do you feel the consultation supported you in creating/modifying your environment to be responsive to the needs of all children?

Substantially  Moderately  Not at all
5  4  3  2  1

Please describe what you found helpful:

7) To what degree are you able to take what you learned from the consultant and apply it to other children?

Substantially  Moderately  Not at all
5  4  3  2  1

8) As a result of the services I am more familiar with resources in the community for children and families.

Strongly Agree  Agree  Undecided  Disagree  Strongly Disagree
5  4  3  2  1

9) I feel more confident and better able to handle children with challenging behaviors.

Substantially  Moderately  Not at all
5  4  3  2  1

How did the Early Childhood Mental Health Consultation Services help you?

Do you have any comments or suggestions?