

# FRC TRAINING NEEDS SURVEY

2003-2004

Name & Title (optional): \_\_\_\_\_ County \_\_\_\_\_

Phone (optional) \_\_\_\_\_

Email (optional): \_\_\_\_\_

**1. I am interested in learning more about:**

- |   |  |
|---|--|
| <input type="checkbox"/> Accessing funding sources                                  | <input type="checkbox"/> CPS Reporting                 |
| <input type="checkbox"/> Stress Management  | <input type="checkbox"/> Cultural Competency           |
| <input type="checkbox"/> Natural Learning Environments and the IFSP                 | <input type="checkbox"/> Difficult Families Situations |
| <input type="checkbox"/> Transition   | <input type="checkbox"/> Safety in Home Visiting       |
| <input type="checkbox"/> Resources for children w/hearing/and/or vision impairment  | <input type="checkbox"/> Teaming/Collaboration         |
| <input type="checkbox"/> Resources to support development of Communication/language | <input type="checkbox"/> Vision screening              |
| <input type="checkbox"/> Grief Counseling   | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> ITEIP data system  |  |
| <input type="checkbox"/> IFSP Outcomes  |  |
| <input type="checkbox"/> Newborn Hearing Screening                                  |  |
| <input type="checkbox"/> Communication Skills                                       |  |

**2. In addition to FRC credit, I am interested in:**

- |                                       |  |                                    |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Clock Hours  | <input type="checkbox"/> University/College Credit | <input type="checkbox"/> CDA Hours |
| <input type="checkbox"/> STARS Credit | <input type="checkbox"/> Other _____               |                                    |

**3. What is the best time of year for you to attend FRC training?**

- |   |                                     |                                      |                                    |
|---|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> January- March | <input type="checkbox"/> April-June | <input type="checkbox"/> July- Sept. | <input type="checkbox"/> Oct.-Dec. |
|---|-------------------------------------|--------------------------------------|------------------------------------|

**4. What is the best day of the week for training?**

- |                                   |                                  |                                    |                                   |                                 |
|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Weekends |                                  |                                    |                                   |                                 |

**5. What is the best time of day for training?**

- |                                  |                                    |                                  |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
|----------------------------------|------------------------------------|----------------------------------|

**6. How much time would you like for training?**

- |                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 0-2 hours | <input type="checkbox"/> 2-4 hours | <input type="checkbox"/> 4 or more hours |
|------------------------------------|------------------------------------|--|

**7. How far are you willing to travel for training?**

- |                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 0-2 hours | <input type="checkbox"/> 2-4 hours | <input type="checkbox"/> 4 or more hours |
|------------------------------------|------------------------------------|--|

**8. What is the best delivery method for training?**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> lecture         | <input type="checkbox"/> one-to-one | <input type="checkbox"/> video conferencing |
| <input type="checkbox"/> computer module | <input type="checkbox"/> reading    | <input type="checkbox"/> web seminar        |
| <input type="checkbox"/> other _____     |                                     |   |

**9. Are you interested in meeting with other FRCs?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**10. Are you interested in participating in discussion groups?**

- |                              |                                    |  |                                   |
|------------------------------|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> in person | <input type="checkbox"/> conference call | <input type="checkbox"/> listserv |
|------------------------------|------------------------------------|--|-----------------------------------|

**11. What are your top Three issues or concerns regarding FRC training:**

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*Thank you in advance for providing this valuable information. Please return your completed survey to Carol Hall or Connie Salzman via fax (360) 906-1010, email, [carol.hall@esd112.org](mailto:carol.hall@esd112.org), [connie.salzman@esd112.org](mailto:connie.salzman@esd112.org) or mail to, ESD 112, 2500 NE 65<sup>th</sup> Ave, Vancouver, WA 98661 **\*\*NO LATER THAN March 5, 2004***