

## FY 15-16 Training Needs Assessment

## **PROVIDER IDENTIFICATION**

Program Name		
Name of Person Completing Survey		
Position of Person Completing Survey		
Contact Information	Phone:	Email:

## **Directions**

For each topic, please **check** the appropriate box to **indicate your need**; *if no assistance is needed leave blank*:

	TRAINING	TECHNICAL ASSISTANCE	MATERIALS & INFORMATION
Early Childhood Development Services Education and Early Childhood Development			
Challenging Behaviors			
Instructional Support Strategies in Preschool Class			
Character Development Programs			
Assessing and Documenting Child Progress			
Developmental Screening: Using the Ages & Stages Questionnaire			
Inclusive Early Learning Environments			
Developmentally Appropriate Practice			
Florida Early Learning & Developmental Standards			
Positive Classroom Environment/Teacher-Child			
Interactions			
Family and Community Partnerships			
Creating Family-Friendly Early Learning Environments			
Parent Involvement Events			
Transitioning from Preschool to Kindergarten			
Supporting Homeless Families in the School Readiness			
Community			
Program Design and Business Management	•		•
Developing Fiscal Processes and Procedures			
Attendance Guidelines			
Contract Guidelines			
Facility Safety (CPR, Disaster Planning, Fire Safety, etc.)			



## **TRAINING PREFERENCES**

- 1. Which of the following training formats are *most* effective for you? (Please check <u>one</u>)
  - □ Workshops/Seminars
  - □ Telephone Conferences
  - Website
  - □ On-Line Workshops/Training
- 2. If training requires more than three (3) hours, what do you prefer? (Please check one)
  - □ Two evening sessions
  - □ A full day Saturday session
- 3. Please use this space to let us know about other training needs not addressed on this assessment. The Coalition will consider offering additional trainings as funding becomes available.