

Training Needs Assessment

Name _____ Date _____

County _____ I am a: Home Provider Center Employee Director Facility Employee/Owner

Are you registered with the STARS and the Career Pathway? Yes No

1. My biggest challenge is (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Understanding child development | <input type="checkbox"/> Supervising children |
| <input type="checkbox"/> Dealing with emergencies | <input type="checkbox"/> Keeping children occupied |
| <input type="checkbox"/> Dealing with behavior problems | <input type="checkbox"/> Making lesson plans and choosing activities |
| <input type="checkbox"/> Setting up the environment | <input type="checkbox"/> Documentation |
| <input type="checkbox"/> Doing observations and assessments | <input type="checkbox"/> Working with parents |
| <input type="checkbox"/> Record keeping | <input type="checkbox"/> Hiring and keeping employees |
| <input type="checkbox"/> Getting along with co-workers | <input type="checkbox"/> Paper work and billing |
| <input type="checkbox"/> Planning for mixed-age groups | <input type="checkbox"/> Other: _____ |

2. I would like to have more training on (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Developmental milestones | <input type="checkbox"/> Children with special needs |
| <input type="checkbox"/> Developmental delays/disabilities | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Temperaments and learning styles | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Cultural diversity | <input type="checkbox"/> Medication Administration |
| <input type="checkbox"/> Managing emergency situations | <input type="checkbox"/> Hand washing and good health practices |
| <input type="checkbox"/> Safety and supervision | <input type="checkbox"/> Sudden Infant Death Syndrome (SIDS) |
| <input type="checkbox"/> Childhood illnesses | <input type="checkbox"/> Child Abuse and Neglect |
| <input type="checkbox"/> Healthy habits and nutrition | <input type="checkbox"/> Building relationships with children |
| <input type="checkbox"/> Setting up the environment | <input type="checkbox"/> Appropriate guidance and discipline |
| <input type="checkbox"/> Room arrangement | <input type="checkbox"/> Lesson planning and curriculum |
| <input type="checkbox"/> Creating a daily schedule | <input type="checkbox"/> Choosing materials and activities |
| <input type="checkbox"/> Infant/toddler activities | <input type="checkbox"/> Art activities |
| <input type="checkbox"/> Music and movement | <input type="checkbox"/> Dramatic/pretend play |
| <input type="checkbox"/> Social and emotional development | <input type="checkbox"/> Language development |
| <input type="checkbox"/> Books and literacy | <input type="checkbox"/> Math and science activities |
| <input type="checkbox"/> Transitions | <input type="checkbox"/> The WV Early Learning Standards Framework |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Creating child portfolios |
| <input type="checkbox"/> Working with families | <input type="checkbox"/> Observing children |
| <input type="checkbox"/> Getting along with co-workers | <input type="checkbox"/> Dealing with difficult parents |
| <input type="checkbox"/> Stress management and burn-out | <input type="checkbox"/> Hiring and keeping qualified employees |
| <input type="checkbox"/> Documentation and record keeping | <input type="checkbox"/> Environmental Rating Scales |
| <input type="checkbox"/> Ethics and professionalism | <input type="checkbox"/> School-age activities |
| <input type="checkbox"/> Outdoor play spaces | <input type="checkbox"/> Other _____ |

3. The age group I am most interested in attending training on is:

- Infants and Toddlers (0-36 months)
- School-age children (5-12 year-olds)
- Preschoolers (3 and 4 year-olds)
- Mixed-age groups

4. The hardest thing about attending training is: (Check all that apply)

- The days they are offered
- The location
- Finding substitutes
- There aren't enough trainings in my area
- The times they are offered
- Finding someone to watch my children
- They are too long
- Other _____

5. The best time for me to attend training is:

- Weekday mornings
- Weekday evenings
- Weekday afternoons
- Saturdays

6. I would like more information about: (check all that apply)

- Components of Quality Care Modules (CQCE)
- Family Creative Curriculum and You (FCCU)
- Accreditation
- Family Child Care Grants
- WV Early Learning Standards Framework
- STARS Career Pathway
- T.E.A.C.H. Scholarships
- West Virginia Infant Toddler Training (WVIT)
- Local CPR and First Aid Training
- ACDS
- Provider Associations
- Partnering with businesses
- Core Competencies/Core Knowledge
- Applying for Tier II

7. Are you interested in participating in a Child Care Provider Association in your area?

- Yes
- No

8. Are you interested in receiving 1 hour training sessions in your home through the TRAILS program?
(Calhoun, Doddridge, Gilmer, Pleasants, Ritchie, Wirt Co. home providers only)

- Yes
- No

9. Are you interested in hosting a training session in your home? (Calhoun, Doddridge, Gilmer, Pleasants, Ritchie, Wirt Co. home providers only)

- Yes
- No

10. Other suggestions:
