



Thank you for taking the time to complete this survey

Tell us about yourself

<p>What best describes your current position?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood Educator <input type="checkbox"/> ECE Student 1st/2nd year <input type="checkbox"/> Director/Administrator <input type="checkbox"/> Board Member <input type="checkbox"/> Owner/Operator <input type="checkbox"/> In-home Child Care Provider <input type="checkbox"/> Parent <input type="checkbox"/> Other _____ 	<p>What is the focus of your current work? (Check any that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full-day Child Care Centre <input type="checkbox"/> Part-day Child Care Centre <input type="checkbox"/> In-home Child Care Provider <input type="checkbox"/> Family Home Day Care Provider <input type="checkbox"/> School Age Program <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool Other _____
<p>Are workshop/professional development hours required by your centre/organization?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, how many hours are required per year? ____</p>	<p>Which statement best describes your current training level?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have an ECE diploma/degree <input type="checkbox"/> I am recognized as equivalent by the Department of Community Services <input type="checkbox"/> I am in the process of obtaining my 25 hours of professional development for my equivalency <input type="checkbox"/> I have no formal training <input type="checkbox"/> I am enrolled in a full time ECE program <input type="checkbox"/> Other _____

Tell us about your interests

What types of workshops interest you?	Beginner	Intermediate	Advanced
<input type="checkbox"/> Infant/Toddler Care and Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Preschool Care and Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School Age Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership and Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inclusion and Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Observation and Positive Behavior Guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family and Community Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outdoor/Indoor Environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Professional and Challenging Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Portfolios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Curriculum Approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Daily Routines (i.e. naptime, circle, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As an adult learner I prefer (comfortable learning) to learn by:

- Online
- Video Conferencing
- Face to Face
- Blended Approach

What topics would be of interest to you?

<p>What workshops would you like to take that you haven't seen offered?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Comments? _____</p> <p>_____</p> <p>_____</p>	<p>Would you be interested in professional development through:</p> <ul style="list-style-type: none"><input type="checkbox"/> Discussion Group<input type="checkbox"/> Online/emails<input type="checkbox"/> Peer Mentoring<input type="checkbox"/> ECE Support Group<input type="checkbox"/> Team Project<input type="checkbox"/> Other <p>Have you completed a workshop recently that you would recommend to others?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>If yes, what was the focus? _____</p> <p>What did you like? _____</p> <p>Who was the facilitator? _____</p>
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What do you know about the ECDSC?

<p>Are you aware of the NSCC Early Childhood Development Support Centre workshops and other types of support and services?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No	
<p>Are you aware that the Nova Scotia Department of Community Services provides financial initiatives for students interested in attaining or enrolling in the Early Childhood Education Diploma Program?</p> <ul style="list-style-type: none">• Continuing Education Program for Child Care Staff can reimburse eligible staff up to a maximum of \$1,000/year employed part-time or \$5,000/year full-time.• Early Childhood Education Assistance Program can reimburse eligible graduates up to \$5,000/year for study towards student loan. <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If you would like to receive more information, please provide contact information. _____</p>	
<p>How did you learn about our workshops and services?</p> <ul style="list-style-type: none"><input type="checkbox"/> Newsletter<input type="checkbox"/> Director<input type="checkbox"/> Email<input type="checkbox"/> Website<input type="checkbox"/> Other _____	<p>Are you aware of the ECE online and on-site diploma program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Are you aware of the Recognizing Prior Learning process with NSCC?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>If you would like to receive more information on either the Early Childhood Education online diploma or the Recognizing Prior Learning process, please provide contact information.</p> <p>_____</p>

About you (optional)

Name: _____ Phone: _____ E-mail: _____

Address: _____

May we add you to our email list to let you know about upcoming workshops? Yes No

What county do you work in? _____

Please check off the services and resources that you have utilized in the past year

- | | |
|---|---|
| <input type="checkbox"/> Resource books | <input type="checkbox"/> ECE online courses |
| <input type="checkbox"/> Magazines, journals, newsletters | <input type="checkbox"/> Website |
| <input type="checkbox"/> Activity kits, story sacks | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Equipment, tools & technology | <input type="checkbox"/> Coordinator |
| <input type="checkbox"/> Professional development | <input type="checkbox"/> Other _____ |

Comments _____