

**EARLY CHILDHOOD MENTAL HEALTH CONSULTATION  
STAFF SATISFACTION QUESTIONNAIRE**

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
- Mixed race *(please specify)* \_\_\_\_\_
- Other *(please specify)* \_\_\_\_\_
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

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... →*

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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??**

<b>Substantially</b>		<b>Moderately</b>		<b>Not at all</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

**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?**

<b>Substantially</b>		<b>Moderately</b>		<b>Not at all</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

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

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

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

<b>Substantially</b>		<b>Moderately</b>		<b>Not at all</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

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

**Do you have any comments or suggestions?**