

**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??**

Substantially		Moderately		Not at all
5	4	3	2	1

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?**

Substantially		Moderately		Not at all
5	4	3	2	1

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

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
5	4	3	2	1

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

Substantially		Moderately		Not at all
5	4	3	2	1

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

Do you have any comments or suggestions?