



PERSONAL INFORMATION

\* 1. Please provide the requested information below.

**Name:**

**Home Address:**

**Home Address 2:**

**City/Town:**

**State:** -- select state --

**ZIP:**

**Email Address:**

**Verify Email Address:**

\* 2. Enter the name of your Prime Time site.

3. What was the start date of your program?

Date / Time

Date

 

PERSONAL INFORMATION

\* 4. What was the address of your Prime Time site?

**Address:**

**City/Town:**





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## KENTUCKY-Preschool Facilitator-Final Report 2023

\* 5. Have you served as a Prime Time Preschool Facilitator previously?

	Yes	No
Experience	<input type="radio"/>	<input type="radio"/>

If yes, please enter the number of programs.

6. If you were unable to attend any sessions, please click to indicate which below. Select all that apply.

- Session 1
- Session 2
- Session 3
- Session 4
- Session 5
- Session 6



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### PROGRAM INFORMATION

\* 7. Site Type—Please click to indicate the type of agency that implemented this program.

	Library	School	Child Care Center	Head Start Center	Community Center	Church	Other
Site Type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify



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## PRESCHOOL ATTENDANCE

\* 8. Please list the number of preschool participants (ages 3 - 5) present at each session.

Session 1

Session 2

Session 3

Session 4

Session 5

Session 6



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## PARTICIPANTS

\* 9. Did preschoolers demonstrate improved listening and verbal skills during the course of the program?

Yes

Somewhat

No

Listening/Verbal

Please explain your response.



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## PRESCHOOL RESOURCES

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\* 10. Was the Preschool Facilitator's Manual helpful to you?

	Yes	Somewhat	No
Manual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your response.

\* 11. Did you or a volunteer do a Book Walk with your preschoolers during dinner each session?

	Yes	Sometimes	No
Book Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Explain Your Response

\* 12. How often did you use the picture-graph questionnaires?

	Every session- (6 or 8 sessions)	Most sessions- (at least 4 times)	Some sessions- (at least 1 time)	Not at all- (0 times)
PGQ Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Explain Your Response



\* 13. How effective were the picture-graph questionnaires in getting the adults to interact with the children?

	Very effective	Effective	Somewhat effective	Not very effective
PGQ Effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Explain Your Response

\* 14. Did you use exploratory centers in your Prime Time Preschool?

	Yes	Sometimes	No
Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Explain Your Response



\* 15. How effective were the centers in engaging the children in pre-literacy activities?

	Very effective	Effective	Somewhat effective	Not very effective
Center Effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Explain Your Response

\* 16. Did you create a group literacy experience book over the course of your program?

	Yes	In Part	No
GLEB Creation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Explain Your Response



\* 17. How effective was creating the group literacy experience book in enhancing group cohesiveness and communication?

Very effective

Effective

Somewhat effective

Not very effective

GLEB Effectiveness

Please Explain Your Response

\* 18. Please list and describe any other resources/materials that may be effective with Prime Time preschoolers.



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ADDITIONAL COMMENTS

19. Please use this space to address any issues not mentioned previously.



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FINISHED!

Thank You!