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?

	MM	DD	YYYY
Date / Time		/	/

* 4. What was the address of your PRIME TIME site?

Address:

City/Town:

* 5. Have you served as a PRIME TIME Preschool Facilitator previously?

	Yes	No
Experience	○	○

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

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	○	○	○	○	○	○	○

If Other, please specify

[ ]

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

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.

PRESCHOOL RESOURCES

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

	Yes	Somewhat	No
Manual	○	○	○

Please explain your response.

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

	Yes	Sometimes	No
Book Walk	○	○	○

Please Explain Your Response

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* 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	○	○	○	○

Please Explain Your Response

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* 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	○	○	○	○

Please Explain Your Response

* 14. Did you use exploratory centers in your PRIME TIME Preschool?

	Yes	Sometimes	No
Centers	○	○	○

Please Explain Your Response

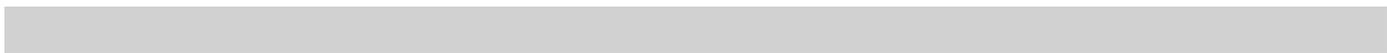* 15. How effective were the centers in engaging the children in pre-literacy activities?

	Very effective	Effective	Somewhat effective	Not very effective
Center Effectiveness	◯	◯	◯	◯

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	◯	◯	◯

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.

ADDITIONAL COMMENTS

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

FINISHED!

Thank You!