



ECCA Participant Survey

Thank you for taking the time to provide us with your feedback.
Your responses will help the Coalition work with community partners to develop early childhood supports and resources.



Activity Date

Name of Activity

Type of Activity

- Community Wide Activity (Open to the public, family focused community events)
- Workshop/Learning Activity (Specific information for the purpose of learning)
- Other

Please rate each statement twice – first thinking about how you are **AFTER** this activity, and then how you were **BEFORE** you attended this activity. If the topic wasn't covered, fill in the box under "not covered".

AFTER the activity, I am aware of ...

AFTER	Not Covered	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	B E F O R E	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Early Childhood Development (ECD) resources in area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEFORE the activity, I was aware of ...

AFTER the activity, I understand ...

AFTER	Not Covered	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	B E F O R E	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
the importance of the early years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
what positively and negatively influences development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the work of the Early Childhood Coalitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the role of community in supporting early childhood development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEFORE the activity, I understood ...

AFTER the activity, I am ...

AFTER	Not Covered	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	B E F O R E	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
confident using my knowledge to support the development of children in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
confident using my knowledge to support early childhood development in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEFORE the activity, I was ...

Have you filled out the other side? We would like to know a little more about you...



ECCA Participant Demographic Questions

Questions are optional and will not ask you to identify yourself. Information provided will be used to provide support in your area and helps plan future activities!



Community of Residence

Neighbourhood

or

Postal Code

What role **best** describes your reason for attending this activity?

(Choose one)

- Parent/Caregiver
- Grandparent
- ECD Professional
- Community Member
- Coalition Member

If you are a parent or caregiver, please tell us how many children you care for in each age group:

- # Children 0 - 2 years
- # Children 3 - 5
- # Children 6 - 12
- # Children 13 - 18

What age group do you fall into?

- <18
- 18 – 25
- 26 – 35
- 36 – 50
- 50+

What is your gender?

- Female
- Male
- Other

Were you born in Canada?

- Yes
- No

If yes, do you have Indigenous heritage?

- Yes
- No
- Would rather not answer

If no, how long have you been in Canada?

- Less than 1 year
- 1 to 5 years
- More than 5 years

Please feel free to provide additional feedback:

Thank you for completing our survey! We value your feedback!

*This survey format has been adapted from UpStart United Way of Calgary & Area: Champions for Children & Youth