



Name: \_\_\_\_\_ Date: \_\_\_\_\_

We are asking you to complete this questionnaire about your professional background training and your school/organization in order to improve the quality of our training workshops and materials. Thank you for taking the time to complete this confidential form. **Please completely fill the circles with a black pen.**

**Teacher and Group Leader Background Characteristics**

1. Please list educational degrees awarded, year and field of study.

| Year awarded         | Degree   | Field of Study       |
|----------------------|--|----------------------|
| <input type="text"/> | <input type="radio"/> Associate                  | <input type="text"/> |
| <input type="text"/> | <input type="radio"/> Bachelor's                 | <input type="text"/> |
| <input type="text"/> | <input type="radio"/> Master's                   | <input type="text"/> |
| <input type="text"/> | <input type="radio"/> Ph.D.                      | <input type="text"/> |
| <input type="text"/> | <input type="radio"/> Other <input type="text"/> | <input type="text"/> |

2. What is your professional educational background? *(mark all that apply)*

- |   |  |
|---|--|
| <input type="radio"/> Special needs education (special education) | <input type="radio"/> Teacher                              |
| <input type="radio"/> Clinical Psychologist                       | <input type="radio"/> School Psychologist/Counselor        |
| <input type="radio"/> Social Work                                 | <input type="radio"/> Psychiatrist                         |
| <input type="radio"/> Child educational therapist                 | <input type="radio"/> Teacher assistant                    |
| <input type="radio"/> Nurse                                       | <input type="radio"/> Other (specify) <input type="text"/> |

3. In general, how much training have you had in the following areas?  
*(mark one for each item)*

|  | None at all             | Very little             | Some                    | Extensive               |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. special needs training                            | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| b. child development                                 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| c. social learning theory                            | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| d. facilitating groups                               | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| e. classroom management skills                       | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| f. teaching young children (4-7 years)               | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| g. related areas <i>(list below and mark rating)</i> |                         |                         |                         |                         |
| <input type="text"/>                                 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| <input type="text"/>                                 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| <input type="text"/>                                 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

4. What is your professional title?

5. Number of years professional experience:

 

**If you are a therapist, skip to #8.**

6. How many children are in your class?

 

7. What age are the children in your class?

☐ 3-4 years (preschool)

☐ 5-6 years (kindergarten)

☐ 6-7 years (grade 1)

☐ 8 years (grade 2)

☐ Other (specify)

8. How many colleagues at your place of employment do the same type of work as you?

☐ None ☐ A few ☐ Quite a few ☐ Most

9. How supportive are your colleagues of your work? (*mark one*)

☐ Not at all ☐ A little ☐ Some ☐ Quite a bit ☐ Very much

**If you are a teacher, skip to # 14.**

10. Please rate how much you theoretically subscribe to each of the following in your practice.  
(*mark one for each item below*)

Don't know or  
don't subscribe  
to this approach

Somewhat  
subscribe

Strong  
supporter

0 1 2 3 4 5 6

a. Behavioral approaches

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

b. Cognitive therapy

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

c. Family therapy (e.g., structured, systemic, functional)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

d. Humanistic/existential therapy

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

e. Psychodynamic therapy

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

f. Solution-focused therapy

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

g. Other (specify)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

11. How much have you used the following types of interventions for children with behavior problems and their parents in the past?  
(mark one for each item below)

None at all  
Very little  
Some  
Extensive

- a. Individual intervention for child
- b. Family therapy
- c. Individual parent counseling
- d. Educational or small group therapy for children
- e. Educational or therapy groups for parents
- f. Combined groups for parents and children
- g. Consultation/supervision
- h. Teaching - Behavioral Plans
- i. Other (describe)

① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④

12. In general, how much experience do you have working with the specific populations/therapies below? (mark one for each item)

- a. Children and families
- b. Child-focused social skills groups
- c. Parent-focused therapies
- d. Parent training groups
- e. Family therapy
- f. Classroom teaching

① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④  
① ② ③ ④

13. What is your typical caseload of children or families per week at the place where you work?  
(mark one)

- ☐ Not applicable
- ☐ 1-5 cases per week
- ☐ 6-10 cases per week
- ☐ 11-20 cases per week
- ☐ 21-30 cases per week
- ☐ 31-40 cases per week
- ☐ 41-50 cases per week
- ☐ over 50 cases per week

**This section asks you about your agency, organization or school characteristics.**  
(mark one for each question)

14. What kind of organization/agency do you work for?

- ☐ Mental health agency
- ☐ Public school
- ☐ Private elementary school
- ☐ Preschool or Head Start center
- ☐ Day care center
- ☐ Health maintenance organization/hospital
- ☐ University
- ☐ Other (please describe):

15. How many children does your organization/school serve?

- ☐ Fewer than 500
- ☐ 500-1000
- ☐ 1,000-5,000
- ☐ 5,000-10,000
- ☐ 10,000-50,000
- ☐ 50,000-100,000



## The Incredible Years Child Prevention/Teacher Group Leader Background Questionnaire

16. How would you describe the community where you work?
- ☐ Very rural                      ☐ Urban  
☐ Rural                              ☐ Very urban  
☐ Somewhat urban
17. How many mental health professionals are there in your organization/school?
- ☐ 1-5                                  ☐ 21-50  
☐ 6-10                                ☐ 51-100  
☐ 11-20                               ☐ 100+
18. How are services financed in your organization/school? *(mark all that apply)*
- ☐ grants                              ☐ state  
☐ fee for service                   ☐ federal  
☐ insurance                         ☐ other (please describe)
19. Please indicate all age groups of children served at your organization/school *(mark all that apply)*
- ☐ not applicable                   ☐ 10-12 years of age  
☐ 0-4 years of age                 ☐ 13-18 years of age  
☐ 5-9 years of age
20. Please indicate the **largest** age group of children served at your organization/school. *(mark only one)*
- ☐ not applicable                   ☐ 10-12 years of age  
☐ 0-4 years of age                 ☐ 13-18 years of age  
☐ 5-9 years of age

**Agency or organization support can make a difference in the quality and integrity of program delivery. For this reason we are asking you a few confidential questions about your organization and job satisfaction.**

21. How supportive has your agency/school been in your efforts to deliver this program? *(mark one)*
- ☐ Not at all  
☐ A little supportive  
☐ Moderately supportive  
☐ Supportive  
☐ Extremely supportive
22. Has your organization/school offered any ongoing supervision or peer support for delivering the Incredible Years program?
- ☐ No    ☐ Yes                      What did this involve?

23. What types of supervision do you currently receive? (*mark all that apply*)
- ☐ Not applicable; I do not work with families/children
  - ☐ I have no supervision and work independently
  - ☐ I have no supervision but use outside educational resources when needed
  - ☐ Computer email exchanges between my supervisor and me
  - ☐ Telephone calls with my supervisor
  - ☐ Direct meetings between my supervisor and me
  - ☐ Group meetings with several staff members and our supervisor
24. How satisfied are you with the **amount** of your current supervision? (*mark one*)
- ☐ Not at all satisfied   ☐ Not very satisfied   ☐ Neutral   ☐ Somewhat satisfied   ☐ Very satisfied
25. How satisfied are you with the **quality** of your current supervision? (*mark one*)
- ☐ Not at all satisfied   ☐ Not very satisfied   ☐ Neutral   ☐ Somewhat satisfied   ☐ Very satisfied
26. Which of the following best characterizes how decisions are made in your organization/school? (*mark all that apply*)
- ☐ One person generally makes decisions
  - ☐ A committee NOT REPRESENTING all employees from top to bottom makes decisions
  - ☐ A committee REPRESENTING all employees from top to bottom makes decisions
  - ☐ Each employee from top to bottom has input that influences decision-making
  - ☐ Each employee from top to bottom has decision-making authority
27. How much do you agree with Statement A compared to Statement B?

|   |                  |  |   |  |                  |                      |
|---|------------------|--|---|--|------------------|----------------------|
| <b>Statement A</b><br>We offer and adhere to <i>one</i> main mental health program for families |                  | compared to                            | <b>Statement B</b><br>We offer and adhere to <i>many</i> diverse forms of mental health programs for families |  |                  |                      |
| Completely<br>with A  | Mostly<br>with A | Somewhat<br>more with A<br>than with B | Equal amount<br>with A and B  | Somewhat<br>more with B<br>than with A | Mostly<br>with B | Completely<br>with B |
| ①   | ②                | ③                                      | ④   | ⑤                                      | ⑥                | ⑦                    |

This next section asks about work in general (*mark one for each item below*)

- |   | N/A | Not at all satisfied | Not very satisfied | Neutral | Somewhat satisfied | Very Satisfied |
|---|-----|----------------------|--------------------|---------|--------------------|----------------|
| 28. How satisfied are you with the level of autonomy you have as a teacher/therapist working with families?   | 0   | 1                    | 2                  | 3       | 4                  | 5              |
| 29. How satisfied are you with your organization's mental health services for children with behavior problems?  | 0   | 1                    | 2                  | 3       | 4                  | 5              |
| 30. How happy or satisfied are you with your current salary or pay?   | 0   | 1                    | 2                  | 3       | 4                  | 5              |
| 31. How satisfied are you with the level of autonomy you have in your job generally?  | 0   | 1                    | 2                  | 3       | 4                  | 5              |
| 32. Overall, how happy or satisfied are you with your job?  | 0   | 1                    | 2                  | 3       | 4                  | 5              |
| 33. What is <b>your</b> current level of stress directly related to your job? ( <i>mark one</i> )   |     |                      |                    |         |                    |                |
| <input type="radio"/> Not stressed at all<br><input type="radio"/> A little stressed<br><input type="radio"/> Somewhat stressed<br><input type="radio"/> Quite a bit stressed<br><input type="radio"/> Extremely stressed   |     |                      |                    |         |                    |                |
| 34. What percent of staff turnover is there in your organization/school each year? ( <i>mark one</i> )  |     |                      |                    |         |                    |                |
| <input type="radio"/> <2%<br><input type="radio"/> <5%<br><input type="radio"/> <10%<br><input type="radio"/> <15%<br><input type="radio"/> <20%<br><input type="radio"/> <30%<br><input type="radio"/> <40%<br><input type="radio"/> Other <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> % |     |                      |                    |         |                    |                |
| 35. What percent of student/client turnover is there is your classroom/organization each year?  |     |                      |                    |         |                    |                |
| <input type="radio"/> <2%<br><input type="radio"/> <5%<br><input type="radio"/> <10%<br><input type="radio"/> <15%<br><input type="radio"/> <20%<br><input type="radio"/> <30%<br><input type="radio"/> <40%<br><input type="radio"/> Other <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> % |     |                      |                    |         |                    |                |

Thank you for taking the time to fill out this questionnaire. We appreciate your dedication and commitment to parents and we hope to better serve your needs in the future.