

WASHINGTON Preschool Coordinator's Final Report

PERSONAL INFORMATION

* 1. Please provide the requested information below.

Name:

Home Address:

Home Address 2:

City/Town:

State:

ZIP:

Email Address:

Verify Email Address:

* 2. Enter the name of your PRIME TIME site.

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

Address:

City/Town:

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

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

If yes, please enter the number of programs.

5. 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
- Session 7 (if applicable)
- Session 8 (if applicable)

PROGRAM INFORMATION

* 6. 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

PRESCHOOL ATTENDANCE

* 7. 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

Session 7 (if applicable)

Session 8 (if applicable)

PARTICIPANTS

* 8. 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

* 9. 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.

* 10. 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

* 11. 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

* 12. 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

* 13. 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

* 14. 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

* 15. 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

PRESCHOOL RESOURCES (continued)

* 16. 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

17. Please list/describe any additional resources/materials you would recommend for PRIME TIME PRESCHOOL:

ADDITIONAL COMMENTS

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

FINISHED!

Thank You!