

Southern Ute Montessori Head Start/Early Head Start Disabilities Staff Training Needs Assessment

Name: _____

Date: _____

Instructions: Read each statement and consider how often you use this practice. Once you have circled a number to indicate how often you use it, consider if you would like more training on this practice. When you have done this for each practice, identify the top 5 practices you would like to pursue training in.

Practice	I am doing this now?					Change Needed?	Priority (Top 5)	Notes
	Never	Seldom	Some times	Usually	Always			
I ensure that families feel welcomed, valued and respected.	1	2	3	4	5	Yes No		
I work with families to complete the IFSP/IEP paperwork.	1	2	3	4	5	Yes No		
I engage with families in honest dialogue about their expectations and staff/program objectives.	1	2	3	4	5	Yes No		
I collaborate with community, health, mental health, social service, and school partners to build networks and link families to needed services.	1	2	3	4	5	Yes No		

I assist families in using resources and systems of support regularly and continuously over the school year.	1	2	3	4	5	Yes No		
I provide opportunities for parents to learn about their roles as supporters of their child with disabilities.	1	2	3	4	5	Yes No		
I participate in community meetings and initiatives that increase program capacity to respond to the needs and interests of families.	1	2	3	4	5	Yes No		
Provide families with information, training and connections about various educational transitions their child will face.	1	2	3	4	5	Yes No		
I ensure families know about their rights under federal and state laws, such as their rights under the Individuals with Disabilities Education Act (IDEA).	1	2	3	4	5	Yes No		
I provide opportunities and support parents in working towards their own goals for their children.	1	2	3	4	5	Yes No		
I share information with families about existing parent-to-parent organizations, family peer networks and/or parent-initiated								

school-community efforts in order to foster continuity in leadership and advocacy roles beyond Head Start.	1	2	3	4	5	Yes No		
I share and explain screening results of children with teachers and parents.	1	2	3	4	5	Yes No		
I educate teachers on the requirements of individual IFSP/IEP goals.	1	2	3	4	5	Yes No		
I monitor progress of the individual IFSP/IEP goals.	1	2	3	4	5	Yes No		
Other, please describe:	1	2	3	4	5	Yes No		

Southern Ute Montessori Head Start/Early Head Start Family Services Staff Training Needs Assessment

Name: _____

Date: _____

Instructions: Read each statement and consider how often you use this practice. Once you have circled a number to indicate how often you use it, consider if you would like more training on this practice. When you have done this for each practice, identify the top 5 practices you would like to pursue training in.

Practice	I am doing this now?					Change Needed?	Priority (Top 5)	Notes
	Never	Seldom	Some times	Usually	Always			
I ensure that families feel welcomed, valued and respected.	1	2	3	4	5	Yes No		
I work with families to complete the Family Partnership Agreement to identify and help them achieve their goals and aspirations.	1	2	3	4	5	Yes No		
I engage with families in honest dialogue about their expectations and staff/program objectives.	1	2	3	4	5	Yes No		
I collaborate with community, health, mental health, social service, and school partners to	1	2	3	4	5	Yes No		

build networks and link families to needed services.								
I assist families in using resources and systems of support regularly and continuously over the school year.	1	2	3	4	5	Yes	No	
I use goal orientated home visits to establish relationships with families and identify and support their interests and needs.	1	2	3	4	5	Yes	No	
I participate in community meetings and initiatives that increase program capacity to respond to the needs and interests of families.	1	2	3	4	5	Yes	No	
I provide opportunities for parents to learn about their roles as mothers or fathers.	1	2	3	4	5	Yes	No	
I support father's efforts to connect with and be responsible for his child at all ages and stages of development.	1	2	3	4	5	Yes	No	
I provide opportunities and support parents in working towards their own literacy goals.	1	2	3	4	5	Yes	No	
I invite parents to volunteer or apply for jobs in the program in								

ways that support their parenting, career or life goals.	1	2	3	4	5	Yes No		
I Provide families with information, training and connections about various educational transitions their child will face.	1	2	3	4	5	Yes No		
I share information with families about existing parent-to-parent organizations, family peer networks and/or parent-initiated school-community efforts in order to foster continuity in leadership and advocacy roles beyond Head Start.	1	2	3	4	5	Yes No		
Other, please describe:	1	2	3	4	5	Yes No		

**Southern Ute Montessori Head Start/Early Head Start
Teaching Staff Training Needs Assessment
Foundation**

Name: _____

Date: _____

Instructions: Each statement listed are effective practices for foundational elements. Read each statement and consider how often you use this practice. Once you have circled a number to indicate how often you use it, consider if you would like more training on this practice. When you have done this for each practice, identify the top 5 practices you would like to pursue training in.

Research-Based Curricula and Teaching Practice	I am doing this now?					Change Needed?	Priority (Top 5)	Notes
	Never	Seldom	Some times	Usually	Always			
Social Emotional Support								
I have positive relationships with the children in my classroom.	1	2	3	4	5	Yes No		
I notice and respond to children's needs.	1	2	3	4	5	Yes No		
When I talk to children, I am generally positive, calm, and supportive.	1	2	3	4	5	Yes No		
I use child's interests to guide interactions with the child and plan						Yes No		

activities related to child interests.	1	2	3	4	5			
I provide opportunities for children to take on meaningful roles in the classroom.	1	2	3	4	5	Yes No		
I use strategies that encourage children to help each other.	1	2	3	4	5	Yes No		
I conduct effective TLC groups in my classroom on a regular basis.	1	2	3	4	5	Yes No		
Well Organized Classroom								
I provide quality materials that children are interested in, that represent a diverse population, that support children's active engagement, and that support children's learning.	1	2	3	4	5	Yes No		
I clearly teach, explain, and review the classroom rules and behavior expectations with children.	1	2	3	4	5	Yes No		
I use clear descriptive positive feedback, more than statements that provide general praise, so children know exactly what is expected and what they are doing well.	1	2	3	4	5	Yes No		

I identify potential problem situations and redirect behavior or help children problem solve before problem behaviors occur.	1	2	3	4	5	Yes No		
I provide a visual schedule and use it to help children understand what is currently happening in the class and what will happen throughout the day.	1	2	3	4	5	Yes No		
I provide supports, cues, and learning opportunities that help children have smooth, efficient, and productive transitions between activities.	1	2	3	4	5	Yes No		
I prepare for teaching and instructional activities in advance and have materials ready and accessible.	1	2	3	4	5	Yes No		
I use zoning practices or move around the classroom to interact and engage with children in play and learning activities, including daily routines to support active engagement of all children in activities.	1	2	3	4	5	Yes No		
Instructional Interactions								

I provide opportunities for children to actively engage, respond, talk, and make meaningful contributions during activities.	1	2	3	4	5	Yes No		
I guide children through the process of generating and planning solutions to a problem.	1	2	3	4	5	Yes No		
I ask open-ended questions (i.e., <i>how or why</i>) more often than closed-ended questions (i.e., <i>yes/no</i> or fact based).	1	2	3	4	5	Yes No		
I plan activities where children can predict (e.g., what will happen next), observe (e.g., compare similarities and differences), and experiment (e.g., try out different ideas).	1	2	3	4	5	Yes No		
I plan lessons that link similar concepts and help children make connections between their everyday experiences and their previous knowledge.	1	2	3	4	5	Yes No		
I vary the level of support children receive during classroom activities and tasks based on their individual abilities (i.e., scaffolds learning).	1	2	3	4	5	Yes No		

I engage in classroom interactions that support children's understanding and deepen children's knowledge of their surroundings by asking follow up questions, making comments that extend children's thinking, or making connections to children's daily experiences.	1	2	3	4	5	Yes No		
I respond to children's correct answers with follow-up questions about ' <i>what made the child think or say that</i> ' and respond to incorrect responses with specific information to help children learn about the correct answer.	1	2	3	4	5	Yes No		
I help children focus on learning goals by talking about what they will learn before an activity, highlighting the goals during the activity, and recapping at the end of the activity.	1	2	3	4	5	Yes No		
I initiate frequent and extended conversations with children, actively listen, contribute relevant responses, and ask related questions.	1	2	3	4	5	Yes No		

I build on what students say, model appropriate and more complex language and syntax, and provide examples for the different ways we use language.	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>	<div>Yes</div> <div>No</div>		
I incorporate new or unfamiliar vocabulary.	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>	<div>Yes</div> <div>No</div>		
Other, please describe:	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>	<div>Yes</div> <div>No</div>		

**Southern Ute Montessori Head Start/Early Head Start
Teaching Staff Training Needs Assessment
Using Research-Based Curriculum**

Name: _____

Date: _____

Instructions: Each statement listed are effective practices for implementing a curriculum. Read each statement and consider how often you use this practice. Once you have circled a number to indicate how often you use it, consider if you would like more training on this practice. When you have done this for each practice, identify the top 5 practices you would like to pursue training in.

Research-Based Curricula and Teaching Practice	I am doing this now?					Change Needed?	Priority (Top 5)	Notes
	Never	Seldom	Some times	Usually	Always			
I use the curriculum's scope and sequence when planning my instruction.	1	2	3	4	5	Yes No		
I implement the lessons in the curriculum regularly.	1	2	3	4	5	Yes No		
I can identify in the curriculum the lesson plans or learning activities for children.	1	2	3	4	5	Yes No		
I identify in the curriculum the learning objectives, goals and/or targets for children.	1	2	3	4	5	Yes No		

I identify the curriculum lesson plans the teaching strategies that I am expected to use.	1	2	3	4	5	Yes No		
I follow all of the steps or activities in the curriculum lesson plans.	1	2	3	4	5	Yes No		
I use the teaching strategies in the curriculum activities to support children's achievement of the objectives/goals/targets.	1	2	3	4	5	Yes No		
I use the identified learning objectives/targets/goals to guide the learning experiences for children.	1	2	3	4	5	Yes No		
I use the adaptations provided by the curriculum to provide additional support for children.	1	2	3	4	5	Yes No		
I use the strategies the curriculum provides for dual language learners as well as other strategies so I can support DLLs throughout the day in all areas of learning.	1	2	3	4	5	Yes No		
I use the adaptations provided by the curriculum to provide additional challenges for children.	1	2	3	4	5	Yes No		

I use the curriculum vocabulary to support the learning objectives/targets/goals.	1	2	3	4	5	Yes No		
The information I provide to children is consistent with the curriculum.	1	2	3	4	5	Yes No		
I use curriculum vocabulary throughout the day to reinforce concepts.	1	2	3	4	5	Yes No		
I use the strategies in the curriculum to support learning objectives/targets/goals throughout the day.	1	2	3	4	5	Yes No		
Other, please describe:	1	2	3	4	5	Yes No		

Southern Ute Montessori Head Start/Early Head Start Maintenance Staff Training Needs Assessment

Name: _____

Date: _____

Instructions: Read each statement and consider how often you use this practice. Once you have circled a number to indicate how often you use it, consider if you would like more training on this practice. When you have done this for each practice, identify the top 5 practices you would like to pursue training in.

Practice	I am doing this now?					Change Needed?	Priority (Top 5)	Notes
	Never	Seldom	Some times	Usually	Always			
I ensure that the playground equipment is in good repair and in safe condition.	1	2	3	4	5	Yes No		
I ensure that the fall zones around the outdoor equipment have the required padding and it is at the required depth.	1	2	3	4	5	Yes No		
I ensure that the outdoor play area is arranged and secured so that no child can leave the premises and get into unsafe areas.	1	2	3	4	5	Yes No		
I ensure all areas of the facility are cleaned and sanitized according to the Sanitation Policy.?	1	2	3	4	5	Yes No		

I ensure all toys and materials in the classroom are of good repair and in safe condition.	1	2	3	4	5	Yes No		
I ensure toys and materials are stored in a safe and orderly fashion.	1	2	3	4	5	Yes No		
I ensure that toys, materials and furniture are safe, durable and kept in good condition.	1	2	3	4	5	Yes No		
I ensure exit and evacuation routes are clearly marked. And that emergency lighting is available.	1	2	3	4	5	Yes No		
I ensure a well-supplied first-aid kit is available, accessible to staff, and out of the reach of children.	1	2	3	4	5	Yes No		
I ensure there is a safe and effective heating and cooling system available.	1	2	3	4	5	Yes No		
I ensure garbage and trash are stored and disposed of in a safe and sanitary manner.	1	2	3	4	5	Yes No		
I ensure the electrical outlets accessible to children are covered.	1	2	3	4	5	Yes No		

I ensure there is an absence of highly flammable furnishings, decorations, or materials that emit toxic fumes.	1	2	3	4	5	Yes No		
I ensure flammable and other dangerous materials/poisons are stored in locked cabinets.	1	2	3	4	5	Yes No		
Other, please describe:	1	2	3	4	5	Yes No		

Southern Ute Montessori Head Start/Early Head Start

Kitchen Staff Training Needs Assessment

Name: _____

Date: _____

Instructions: Read each statement and consider how often you use this practice. Once you have circled a number to indicate how often you use it, consider if you would like more training on this practice. When you have done this for each practice, identify the top 5 practices you would like to pursue training in.

Practice	I am doing this now?					Change Needed?	Priority (Top 5)	Notes
	Never	Seldom	Some times	Usually	Always			
I ensure that menus and cooking styles take into account cultural and ethnic preferences, and take into account CACFP guidelines.	1	2	3	4	5	Yes No		
I utilize community food resources.	1	2	3	4	5	Yes No		
I offer children a new food each month to increase their exposure and to develop their palate.	1	2	3	4	5	Yes No		
I prepare and provide meals and snacks that provide at least ½ of the child's daily nutritional needs.	1	2	3	4	5	Yes No		

I provide individual children with special medical or dietary needs substitutions.	1	2	3	4	5	Yes No		
I provide age-appropriate, food-related nutrition activities to groups of children to help develop positive attitudes toward healthy foods.	1	2	3	4	5	Yes No		
I ensure that production records are kept and accurate in accordance with the CACFP guidelines.	1	2	3	4	5	Yes No		
I understand and comply with food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers.	1	2	3	4	5	Yes No		
Other, please describe:	1	2	3	4	5	Yes No		