



# 2017-2018 OFCY EARLY CHILDHOOD MENTAL HEALTH EDUCATOR SURVEYS

**ATTACH THIS FORM TO THE TOP OF THE COMPLETED SURVEYS AND DELIVER TO SOCIAL POLICY RESEARCH ASSOCIATES IN A SEALED ENVELOPE**

**Agency and program name as it appears in Cityspan:**

Agency Name **EXACTLY** as It Appears on Your Cityspan Page: \_\_\_\_\_

\_\_\_\_\_

Program Name **EXACTLY** as It Appears on Your Cityspan Page: \_\_\_\_\_

\_\_\_\_\_

Site Location (If your program operates at multiple sites/locations): \_\_\_\_\_

\_\_\_\_\_

**Survey period:**

Date first survey was administered: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Date last survey was administered: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Number of different days on which the survey was administered: \_\_\_\_\_

**Participation rate:**

Number of completed surveys: \_\_\_\_\_

**Contact person for the survey:**

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Mail or deliver surveys to Shelley Kuang at:**

Social Policy Research Associates (SPR)  
1333 Broadway, Suite 310  
Oakland, CA 94612