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# The Incredible Years Project

University of Washington Parenting Clinic (206) 543-6010

Teacher ID

Trainer ID

## The Incredible Years (IY) Child Training Teacher/Dinosaur Group Leader and Organization Background Questionnaire

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**

Associate

Bachelor's

Master's

Ph.D.

Other

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

Special needs education (special education)

Teacher

Clinical Psychologist

School Psychologist/Counselor

Social Work

Psychiatrist

Child educational therapist

Teacher assistant

Nurse

Other (specify)

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

a. special needs training

None at all  
Very little  
Some  
Extensive

① ② ③ ④

b. child development

① ② ③ ④

c. social learning theory

① ② ③ ④

d. facilitating groups

① ② ③ ④

e. classroom management skills

① ② ③ ④

f. teaching young children (4-7 years)

① ② ③ ④

g. related areas *(list below and mark rating)*

① ② ③ ④

① ② ③ ④

① ② ③ ④



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4. What is your professional title?

[Empty text box for professional title]

5. Number of years professional experience:

[Two empty boxes for years of experience]

If you are a therapist, skip to #8.

6. How many children are in your class?

[Two empty boxes for number of children]

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)

[Empty text box for specifying other age group]

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

[Empty text box for specifying other approach]



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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)

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

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



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

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

- 28. How satisfied are you with the level of autonomy you have as a teacher/therapist working with families? N/A  Not at all satisfied  Not very satisfied  Neutral  Somewhat satisfied  Very Satisfied
- 29. How satisfied are you with your organization's mental health services for children with behavior problems?
- 30. How happy or satisfied are you with your current salary or pay?
- 31. How satisfied are you with the level of autonomy you have in your job generally?
- 32. Overall, how happy or satisfied are you with your job?

33. What is **your** current level of stress directly related to your job? (*mark one*)

- Not stressed at all
- A little stressed
- Somewhat stressed
- Quite a bit stressed
- Extremely stressed

34. What percent of staff turnover is there in your organization/school each year? (*mark one*)

- <2%
- <5%
- <10%
- <15%
- <20%
- <30%
- <40%
- Other   %

35. What percent of student/client turnover is there is your classroom/organization each year?

- <2%
- <5%
- <10%
- <15%
- <20%
- <30%
- <40%
- Other   %

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.

Please return this form to: University of Washington  
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