



40731

The Incredible Years Project

University of Washington Parenting Clinic (206) 543-6010

Teacher ID

/ / Date

Group Leader ID

The Incredible Years (IY) Group Leader Implementation and Evaluation of Classroom Dinosaur Child Program

We are contacting you because sometime in the past five years you received training and/or purchased one of the Incredible Years Teacher or Child Training Programs. In this questionnaire, we are asking you about your experience with this program in an effort to understand some of the strengths of the program as well as some of the barriers to implementing this program. Your responses will help us to improve the quality of our initial training and our ongoing technical support. It will also help us to improve the training manual and materials. Thank you for taking the time to complete this form. **Please completely fill the circles with a black pen.**

1. When were you trained in this program? Year
2. How many days of training did you attend? Who was your trainer?
3. Please characterize additional training by marking all those that apply below:
 - attended consultative day workshops
 - asked for consultation from IY trainers after basic training completed and groups started
 - set up peer review groups with other group leaders to discuss issues and/or share videos of groups
 - obtained technical support (please elaborate)
4. How many people from your school have been trained to deliver the IY program?
5. How would you rate the training you received? (*mark one*)
 - N/A Not at all satisfied Not very satisfied Neutral Somewhat satisfied Very satisfied
6. Did your school principal/administrator/supervisor attend the training? yes no
7. Have you changed the program to fit the needs of your population or agency? yes no
 (*please elaborate*)
8. How many times have you conducted a complete series of this program to a group of children?
9. Are you certified by Incredible Years in the program? yes no Year certified
10. Are you interested in being certified? yes no
11. Since you were trained, have you ever offered any part of Dinosaur School? yes no

If no, skip to #38



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Teacher ID

Four empty boxes for Teacher ID

Population Served with Program

- 12. To what age children have you delivered this program? (mark all that apply)
13. Are you offering the IY program as a prevention or treatment program? (mark all that apply)

- 14. How are children selected for this program? (mark all that apply)
15. Are children ever excluded from your groups? yes no
Please give reason:

- 16. a. How would you rate your understanding of theoretical foundations...
b. How would you rate your ability to use the core teaching practices...
c. How would you rate your ability to use the group process strategies...
d. How would you rate your ability to use the clinical methods...
e. How much do you like the IY Program as an approach for working with young children with behavior problems?

- 17. What Incredible Years Programs have you used? (mark all that apply)
Basic Parenting Program (preschool version)
Basic Parenting Program (school age version)
Advance Parenting Program (communication and problem-solving skills)
Dinosaur Classroom Training Program in Social Skills and Problem Solving
Dinosaur Small Group Treatment Program
Teacher Classroom Management Program



18. How many sessions/lessons of the Dinosaur Social Skills and Problem-Solving Curriculum do you usually deliver to the groups of children you work with? (*mark one*)

- 4 or fewer sessions/lessons 21-25 sessions/lessons 41-50 sessions/lessons
- 5-10 sessions/lessons 26-30 sessions/lessons 51-60 sessions/lessons
- 11-15 sessions/lessons 31-35 sessions/lessons 61+ sessions/lessons
- 16-20 sessions/lessons 36-40 sessions/lessons

19. What grade do you teach? (*mark one*)

- preschool grade 2
- Head Start grade 3
- kindergarten other (please describe)

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- grade 1

20. Regarding your classroom, please mark all that apply:

- 1/2 day 31+ students
- full day Teaching assistant helps me
- 15-18 students classroom is blended with Special Education students
- 19-25 students my school has a school counselor
- 26-30 students

21. What percent of your class is English as a second language? (*mark one*)

- <5% <10% <20% <30% <40% <50% <60% <70% <80% <90%

22. What percent of the students in your school are eligible for free lunch?

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 %

23. What percent of the students in your school turn over or drop out each year?

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 %

24. How long does each session/lesson last? (*mark one*)

- 15-20 minutes 1 hour 1-1/2 hours 2 hours Other

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25. How frequently do you deliver the program? (*mark one*)

- once a month once a week three times a week other

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- twice a month twice a week every day

26. In what format do you offer the program? (*mark one*)

- Small group (4-6 children) Classroom (10-20 children) Classroom (>20 children)

27. Which program components do you offer in your delivery of the program? (*mark all that apply*)-

- | | |
|------------------------------------|--|
| | Not at all
Very little
Some
Regularly |
| a. School rules | ① ② ③ ④ |
| b. Feeling and empathy training | ① ② ③ ④ |
| c. Problem solving | ① ② ③ ④ |
| d. Anger management | ① ② ③ ④ |
| e. Friendly talk and social skills | ① ② ③ ④ |
| f. Doing your best in school | ① ② ③ ④ |



Four empty boxes for Teacher ID

28. How difficult is it for you to find the time to offer these sessions/lessons? (mark one)
○ Not at all ○ A little ○ Somewhat ○ Very difficult

29. Which of the following things do you routinely do with every group when you deliver this program? (mark one for each item)

Table with 4 columns: Item, Not at all, Very little, Some, Regularly. Rows include: a. Make calls to parents about Dinosaur School, b. Give children dinosaur homework, c. Review children's homework, d. Do problem-solving role plays with children, e. Show videotape vignettes, f. Do small group activities in addition to circle time, g. Promote skills in naturally occurring settings (playground, lunch room, choice time), h. Do live modeling in circle time, i. Do "guided practice" in circle time, j. Coordinate behavior plans with parents, k. Conduct sessions/lessons with a co-leader/teacher, l. Follow the leader-teacher manual, m. Follow session/lesson protocols, n. Use Dina or child puppets.

30. How many vignettes do you show each session? (mark one)
○ None ○ 1-2 vignettes ○ 3-4 vignettes ○ 5-6 vignettes ○ 7-10 vignettes ○ 11 or more

31. How do you offer the groups? (mark all that apply)

- in classrooms for all children
○ in mental health clinic in small groups
○ in conjunction with parent groups

○ other (please describe)

Empty box for describing other group offerings

32. Do you do a program evaluation? (mark all that apply)

- pre and post measures of child social skills (teacher measures)
○ pre and post measures of parent reports of behavior problems
○ in conjunction with parent groups

○ other (please describe)

Empty box for describing other evaluation methods

33. How would you characterize children's responsiveness? (mark one)

- Uninterested ○ Not very interested ○ Sometimes interested ○ Often interested ○ Very interested ○ Excited

34. What kind of feedback did you get from parents about this program? (mark one)

- Uninterested ○ Not very interested ○ Sometimes interested ○ Often interested ○ Very interested ○ Excited



Not at all
A little
Some
Quite a bit
Very much

- 35. Was the academic level for the session/lesson small group activities appropriate for your students? 1 2 3 4 5
- 36. Was the academic level for the session/lesson homework appropriate for your students? 1 2 3 4 5
- 37. Did you feel you could use the program flexibly to meet the specific needs of your students? 1 2 3 4 5

Barriers to Program Delivery

38. What barriers have you faced in delivering the program? *(mark one for each item)*
- a. lack of administrative support for service within my agency/school 1 2 3 4 5
 - b. lack of adequate funding 1 2 3 4 5
 - c. lack of interest from other teachers 1 2 3 4 5
 - d. lack of interest from principal and school district 1 2 3 4 5
 - e. personal frustration with program 1 2 3 4 5
 - f. lack of knowledge and feeling of incompetence in delivering the program 1 2 3 4 5
 - g. training for delivering the program was inadequate 1 2 3 4 5
 - h. inadequate technical support after training received 1 2 3 4 5
 - i. funding forced limiting the number of sessions 1 2 3 4 5
 - j. program too complex to deliver 1 2 3 4 5
 - k. salary for delivering this program not adequate to want to continue 1 2 3 4 5
 - l. not enough time to fit this into my schedule 1 2 3 4 5
 - m. difficulties getting groups together 1 2 3 4 5
 - n. competing program philosophies 1 2 3 4 5
 - o. other 1 2 3 4 5
39. Do you want to continue (or begin) to offer the program in your school/agency? 1 2 3 4 5

Has the Incredible Years/Dinosaur School training and the experience of implementing it changed/influenced/shaped how you work with children and parents in your day-to-day work - when you are not doing Dino School? yes no How? - *(please elaborate)*

40. Do you need additional technical support at this time? yes no *(please elaborate)*
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41. Would you recommend this program to other counselors or teachers? yes no

42. How would you rate the ease of implementing this program? *(mark one)*

- Very difficult
- Somewhat difficult
- Neutral
- Somewhat easy
- Very easy

43. How would you rate the effectiveness of this program? *(mark one)*

- Very ineffective
- Somewhat ineffective
- Neutral
- Somewhat effective
- Very effective



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44. How would you rate the quality of the materials in this program? (*mark one*)

- Very poor Poor Neutral Good Very good

45. How would you rate the child friendliness of this program? (*mark one*)

- Very poor Poor Neutral Good Very good

46. What other social skills programs are offered in your organization/school? (*please write below*)

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

Please return this form to:

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