

Invest in Kids – The Incredible Years  
Teacher Satisfaction Survey

Classroom:  AM classroom  
 PM classroom  
 All day classroom

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

School/Site: \_\_\_\_\_

Your Role:  Lead Teacher  
 Assistant Teacher/Paraprofessional  
 Other (e.g. Counselor; Occupational Therapist; Mental Health Specialist)

	<b>Not At All</b>	<b>Somewhat</b>	<b>Neutral</b>	<b>Easy</b>	<b>Very Easy</b>
1. How easy was it to integrate the Dina School Program into your regular curriculum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>Somewhat</b>	<b>Neutral</b>	<b>Well</b>	<b>Very Well</b>
2. How well did the Dina School Program meet your goals for social and emotional development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>Somewhat</b>	<b>Neutral</b>	<b>Well</b>	<b>Very Well</b>
3. How well did the Dina School Program meet your goals for enhancing emergent literacy, reading and writing skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>Somewhat</b>	<b>Neutral</b>	<b>Prepared</b>	<b>Very well prepared</b>
4. Do you feel prepared to implement the Dina School Program on your own next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>Somewhat</b>	<b>Neutral</b>	<b>Involved</b>	<b>Very Involved</b>
5. How involved were your students' parents in the Dina School Program? (e.g. helping with homework activities, attending parent meetings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>Somewhat</b>	<b>Neutral</b>	<b>Mostly</b>	<b>Definitely</b>
6. Did you think the content and activities of the program were developmentally appropriate and individualized as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>Somewhat</b>	<b>Neutral</b>	<b>Important</b>	<b>Definitely Important</b>
7. How important were the homework activities for the students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>Somewhat</b>	<b>Neutral</b>	<b>Likely</b>	<b>Very Likely</b>
8. How likely are you to do the small group activities next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9. What content (units) will you use next year? (please answer in space provided below)					
	<b>Unrealistic</b>	<b>Somewhat Unrealistic</b>	<b>Neutral</b>	<b>Realistic</b>	<b>Very Realistic</b>
10. What did you think about the workload involved in implementing this curriculum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>Possibly</b>	<b>Neutral</b>	<b>Definitely</b>	<b>Most Definitely</b>
11. Would you like ongoing training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, what topics?					
	<b>None</b>	<b>Twice a Year</b>	<b>Quarterly</b>	<b>Monthly</b>	<b>Weekly</b>
12. How much technical assistance/coaching did you receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not Helpful</b>	<b>Neither Helpful or Unhelpful</b>	<b>Somewhat Helpful</b>	<b>Helpful</b>	<b>Very Helpful</b>
13. How helpful were the classroom visits and technical assistance/coaching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Please add any additional comments about your satisfaction with the IY program.					

Please answer the following questions regarding your stress level. Please circle the number that best represents your answer.

**0**                      **1**    **2**                      **3**    **4**    **5**                      **6**    **7**  
 Irrelevant            Not true of me now                      Somewhat true of me now                      Very true of me now

15. I am concerned about not having enough time to organize myself each day.	0 1 2 3 4 5 6 7
16. I am concerned about conflict between my interests and my responsibilities.	0 1 2 3 4 5 6 7
17. I am concerned about my inability to manage all that the Incredible Years program requires.	0 1 2 3 4 5 6 7
18. Coordination of tasks and people is taking too much of my time.	0 1 2 3 4 5 6 7
19. Please add any additional comments related to your stress level and the IY program.	

**Please rate how much you agree or disagree with the following statements:**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
20. I have the tools necessary to prevent and address most challenging behaviors in my classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I am confident in my ability to manage behavior issues that may arise in my classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel stress associated with teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

