



2016-2017 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: _____

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