

Service Provider Pre-Implementation Survey

Instructions: Please fill out this information before implementing Mothers and Babies with your client(s)

1. Program Name _____

2. Your Name _____

3. What is your education and or professional experience?

Social Work

Public Health

Early Childhood Development

Psychology

Other. Please specify:

4. How long have you been working in this area? Specify number of years:

5. What type of program/organization best describes where you currently work?

Home Visiting program

Early Childhood Development Organization

Social service agency

Public Health Department

Prenatal care clinic

Other. Please specify:

6. Who will be receiving Mothers and Babies intervention? (Check all that apply)

Women who are currently pregnant

Women who currently have a child less than 1 year old

Women who have children between the ages of 1-5

What is your program's inclusion criteria for women to be eligible to receive your services?

7. What format of Mothers and Babies are you planning on implementing or already implementing?

1-on-1 Format

Group Format

Both

8. Did you receive training on Mothers and Babies?

Yes

No

If yes, from who? _____

9. Are you receiving or do you expect to be receiving supervision on Mothers and Babies?

Yes

No

If yes, from whom? _____