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? ___________________________