



## Georgia School Age Care Association Training Needs Questionnaire

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Thank you for your interest in GSACA training for your After-school needs. We ask that you fill out this training questionnaire, so we can work together to have a successful experience for you, your staff, and your program.

Upon completion of the training, you and the GSACA trainer will evaluate the information in this questionnaire as a guide. Participants will also be asked to fill out a training evaluation form. We want to make sure that we meet your needs, so please be as clear and complete as possible.

Full payment for the training must be received at the GSACA office five working days before the scheduled training. A cancellation will result in a \$25 non-refundable administrative fee. We commend you on your search for professional development in the After-school field.

We look forward to working with you!



- ✓ Make arrangements to provide appropriate space that is conducive for adult learning.
- ✓ Make sure all participants are aware of the training time in advance. Ask them to arrive on time and stay until the end.
- ✓ Ask that the host or a designated key person be present during the entire training.
- ✓ Have an available person to assist in the evaluation process of the training session, including completing and returning participant and host evaluations.
- ✓ Provide beverages and snacks during breaks or if the training will be lengthy.
- ✓ Provide a positive environment to welcome new ideas and suggestions about the program.

**GSACA**  
246 Sycamore Street, Suite 252, Decatur, GA 30030  
(404) 373-7414 FAX (404) 373-7428





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Program Name: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Briefly describe how your program operates, hours, staff composition, program philosophy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Projected training dates and time of day: \_\_\_\_\_  
\_\_\_\_\_

Where will the training take place? Please give driving, parking and unloading directions.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What audio-visual equipment is available for the GSACA trainer to use (e.g. flip chart, TV/VCR, overhead projector) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions you may have for the GSACA trainer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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**Please circle all that apply:**

Describe the level of your program(s).

Start-up                      1-3 yrs                      3-5 yrs                      5-7 yrs

How would you best describe your participation in After-school training?

Somewhat Involved      Always Involved              Would like to be Involved

How involved is your program with in-service trainings?

Somewhat Involved      Always Involved              Would like to be Involved

What time of the year does most of your training occur?

Before the School      Middle of the School      Before Summer      On going  
Year                      Year                      Vacation

Describe the diversity of your program.

White    Hispanic    African American    Asian    American Indian    Multi-Racial

What are your training needs?

Administration      Program      Staff              Unsure

How many hours of training are you interested in?

1-2 hrs.      3-4 hrs.      5-6 hrs.      Other: \_\_\_\_\_

**Use space provided to complete last section.**

What is the current Staff to Child ratio in your program? \_\_\_\_\_

State what your specific training needs are (e.g. Activities, Behavior Management etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many staff will be attending the training? \_\_\_\_\_



What are the goals for this training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a typical day in your program and attach a copy of your schedule if available. \_\_\_\_\_  
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Please return this questionnaire to:  
**GEORGIA AFTER-SCHOOL CARE ASSOCIATION**  
246 Sycamore Street, Suite 252  
Decatur, GA 30030  
**FAX (404) 373-7428**

Thank you!

