Family Leadership and Engagement Document Review

Purpose of Share your Story:

This document is for tose wanting to share their stories publicly expressing their experiences within the Early Childhood System and advocating for their chgildren and communities

Audiences:

Profesissionals within the Early Childhood System
Parents/Family Members
Community Members

This document uses **SKIP logic**, meaning that **participants go directly to questions thsat relate** to them and don't see the other questions that are not applicable

We will be **looking threough the lens of Parents of a young child**

The Family Leadership and Engagement Subcommittee has been asked to

FOCUS on:

- **Content of questions regarding the parents and family**
- **Does it make sense?**
- **If you wanted to share a story, what else would you add?**
- **Is there anything that neds to be changed?**
- **Anything to Add?**
- **Anything to remove?**

We Dont need to look for:

- Spelling
- Formatting
- Grammar
- Adding questions that are off topic

Share Your Story

Elevating public voice is a critical way that ECAC can connect the lived experiences of the people who are impacted by the early childhood system with the strategic goals of the Council and our advocacy efforts.

Please provide your contact information in case we have further questions. Before submitting this form, you will be asked for permission to share your story, and if so, how we can share it.

* Indicates required question

1. Email *

2.

3.

4.

- [ ] Parent/Guardian of a Young Child (Prenatal-8 years old) *Skip to question 5*
- [ ] EC Professional working directly with children (e.g., Licensed child care, District classroom, Early Intervention, Home Visiting) *Skip to question 7*
- [ ] EC Professional working indirectly supporting children or families (e.g., Nonprofit agency, Government agency, Higher Ed) *Skip to question 8*
- [ ] Community Member *Skip to question 9*
- [ ] Other: _____

5.

	Infant	1 year	2-3 yrs	4-5 yrs	6-9 yrs	10-12 yrs	13-17 yrs	N/A
Child #1	☐	☐	☐	☐	☐	☐	☐	☐
Child #2	☐	☐	☐	☐	☐	☐	☐	☐
Child #3	☐	☐	☐	☐	☐	☐	☐	☐
Child #4	☐	☐	☐	☐	☐	☐	☐	☐
Child #5	☐	☐	☐	☐	☐	☐	☐	☐

6.

Direct Service Professionals

7.

Mark only one oval.

- Licensed child care
- Licensed Family child care
- School district
- Early intervention
- Home visiting
- Other: _____

Indirect Service Professionals

8.

Mark only one oval.

- Nonprofit agency
- Government agency
- Health, Mental Health or Nutrition provider/partner
- Advocacy organization
- Higher education
- Family support agency
- Other: _____

Story Collector

9. _____

10. _____

11.

12.

13.

Sharing Permissions

Please complete the following questions to indicate whether you consent to having your message shared publicly.

14. **like to be identified publicly?** *

s could include the ECAC website, advocacy handouts, or social media posts

Mark only one oval.

- My Full Name
- First Name and Last Initial Only
- First Name Only
- Please keep my name private/I prefer to be anonymous

15.

Check all that apply.

- [ ] Yes you can share my Zip Code
- [ ] Yes you can share my County
- [ ] Yes you can share my Region (North, South, Rural)
- [ ] I do not give permission to share my location details

16.

Mark only one oval.

- You can quote my story directly as written
- You can paraphrase my story

17.

Check all that apply.

- [ ] No restrictions
- [ ] ECAC website
- [ ] ECAC social media
- [ ] ECAC advocacy or information materials
- [ ] Shared with partner organizations supporting young children and families
- [ ] Internal use only
- [ ] Please contact me before sharing

18.

Mark only one oval.

- ◯ Yes
- ◯ No