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. **First and Last Name** *

3. **Residential Zip Code** *

4. **From the choices below, which role best describes you?** *(Note: Early Childhood is abbreviated as EC below)* *

Mark only one oval.

- ◯ 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: _____

Parent Information Continued

5. How many children are in your immediate family and what age(s) are they?

Check all that apply.

	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. **Child Information Sharing** *

Mark only one oval.

- Ok to use ages of my children in advocacy messages
- Prefer general terms only (e.g., "toddler", "school-age")
- Do not include child details

Skip to question 9

Direct Service Professionals

7. **What early childhood setting are you employed in?** *

Mark only one oval.

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

Indirect Service Professionals

8. **What type of organization do you represent?** *

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. **What challenge or experience would you like to share?** *

_____

_____

_____

_____

_____

10. **Who is most impacted by this issue in this story?** *

_____

11. **What is your primary message you want decision-makers to understand that will make a difference for children, educators or families in Nevada?** *

12. **What support or service (if any) would have improved this experience?**

13. **Is there anything else you would like to share?**

Sharing Permissions

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

14. **How would you like to be identified publicly?** *

Example materials 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. **Location Sharing** *(select all that apply)* *

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. **Quote Usage** *

Mark only one oval.

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

17. **Where can we share your message?** *Your story will only be shared in accordance with the permissions you selected above.* *

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. **Do you have any photographs you are willing to share to be included with your story?** *We will follow-up via email if you select "yes".*

Mark only one oval.

- ◯ Yes
- ◯ No

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