

DIRECTIONS: Please take a moment to provide feedback on the training that you received. Check the box that corresponds to your opinion for each statement or check N/A if not applicable. Please add any additional comments that you may have at the bottom of the page. When the survey is completed, leave it with your trainer.

Location: _____ **Date:** _____

Program Affiliation (check one);

- Head Start Early Head Start Child Care Other (please list)

Position (check one):

- Administrator Education Coordinator Disability Coordinator Mental Health Consultant
 Teacher Teacher Assistant Other (please list) _____

Please put an "X" in the box that best describes your opinion as a result of attending this training...	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
(1) I can describe an evidenced based framework for addressing challenging behavior and social emotional development.					
(2) I learned strategies to remedy the challenges of implementing evidence based practices in local programs.					
(3) I can describe leadership strategies including collaborating, planning, staff development, and program-wide planning.					
(4) I can identify steps to collaborative planning for programs and systems that support all young children's social and emotional development.					

Please respond to the following questions regarding this training:

(5) The best features of this training session were...

(6) Suggestions for improvement...

(7) Other comments and reactions I wish to offer *(please use the back of this form for extra space):*