

Directions: Please take a moment to provide feedback on the training you received. When the survey is complete, leave it with your trainer.

Training Location: _____ Training Date: _____ My Program or Center: _____

Position (Check one):

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

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	
<input type="checkbox"/>	I have a better understanding of how relationships promote social-emotional development in infants and toddlers.				
<input type="checkbox"/>	I have a better understanding of strategies for building relationships with children.				
<input type="checkbox"/>	I have a better understanding about building relationships with families.				
<input type="checkbox"/>	During the training, I thought of ways to incorporate what I was hearing into my daily work.				
<input type="checkbox"/>	The training included information that was new to me, or was presented in a manner that provided me with new ideas for implementation.				
<input type="checkbox"/>	The presenter was well-organized and understandable.				
<input type="checkbox"/>	The presenter was knowledgeable on training topics and able to address questions.				

Please respond to the following questions regarding this training:

The best features of this training were...

My suggestions for improvement are...

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

