



Training Feedback Form

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"/>	My understanding of the process for identifying goals for individualized teaching of social-emotional skills has been strengthened.				
<input type="checkbox"/>	I understand how to use helping prompts in guiding a child's learning of social-emotional skills.				
<input type="checkbox"/>	I can develop an instructional plan for providing individualized teaching of social-emotional skills.				
<input type="checkbox"/>	During the training, I thought of ways to incorporate what I was hearing into my daily classroom activities.				
<input type="checkbox"/>	My trainer was knowledgeable about the Pyramid Model.				
<input type="checkbox"/>	My trainer was able to present the material in an understandable way.				
<input type="checkbox"/>	My trainer was responsive to participants' questions and needs.				

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):

