Family Child Care Module 1 Evaluation

1. Date of session: _____

3. Zip code of session:

10. I can describe the relationship between

11. I have increased my understanding of the role that adult reactions, responses, and practices have on

children's social-emotional development and challenging

children's behaviors.

behaviors.

Session Evaluation Form

2. Trainer(s) name: _____

4. County of session:

Directions: Please take a moment to provide feedback on the training session that you attended. Check the box that corresponds with your opinion to each statement. When the survey is completed, leave it with your trainer. **Note: This Form is also available via Survey Monkey** here.

☐ Early Head Start ☐ Early Intervention (EI) ☐ Institution of Higher Education ☐ Child Care Resource & Referral		☐ Head Star	t	□Child Care		□PreSchool		
		□Pre-K	□Pre-K		☐ Pre-K Special Ed		□ K- 3	
		□ Medical C	linic/hospital	□Departme	□ Department of Social Services			
		□Self-Emple	oyed	☐Other (please explain)				
agency								
Position (check the one tha	ıt best sı	uits you):						
□Administrator	ì			□OT/PT □Ho		☐ Home	ne Visitor	
☐ Education Coordinator		☐Teacher Assis	tant	□Psycholo	gist	□Faculty	Member	
□ Disability Coordinator		☐ Family Educat	or	□Trainer/1	echnical As	sistance Pro	ovider	
□Social Worker/MHC □Family		alle Obild Casa D		☐Positive Behavioral Support staff				
= = = = = = = = = = = = = = = = = = = =	- I ai	nily Child Care P	rovider	Positive	Behavioral S	Support staff		
□LPN/RN	□Gro	oup Family Child (Behavioral S ease explair	• •		
DLPN/RN County(s) you serve: Number of children ages 0 Please fill in the box that	Gro	you serve, direct	care Provider ctly or indirect	Other (pl	ease explair	1)		
□LPN/RN County(s) you serve: Number of children ages 0	Gro	you serve, direct	care Provider	□Other (pl	ease explair	1)	rainer):	

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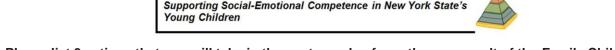
Please fill in the box that best describes your opinion as a result of attending this training	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
12. I can describe the relationship between environmental variables, challenging behaviors, and social-emotional development.					
13. I learned about strategies to build positive relationships with children, families, and colleagues.					
14. I learned about strategies to design environments, schedules, routines, structure transitions, and plan activities that promote engagement.					
 I learned about strategies to help children learn expectations and routines. 					
16. I feel I have built skills to support nurturing and responsive caregiving.					
17. The training was well organized and clear					
18. The presenter(s)were knowledgeable and effective in style					
There were sufficient opportunities to raise questions and get information from the presenters					

Please respond to the following questions regarding this training:

20.	Please list 3 learning	points from the	Family Child C	are Module 1	training:

- 1.
- 2.
- 3.

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21.	Please list 3 actions that you will take in the next couple of months as a result of the Family Child Care Module 1 training:
	1.
	2.
	3.
22.	I really liked the way
23.	The training would have been better if
24.	Other reactions to this training:

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25.	How did you first hear about the training? (check ONE): □ From a colleague/ friend □ At my worksite □ Aspire calendar □ NYSPEP calendar □ Listserve (Please specify the name of the Listserve): □ Other (please explain):
26.	Would you recommend this training to others? ☐ Yes ☐ No
27.	Cost of this session:
28.	Other comments and reactions you wish to offer:
	Can we contact you in the future to learn more about your experience?
	Note: Your personal information will not be disclosed to the trainer, but used to contact you with more information on coaching.
	a) Name:
	b) Email:
	c) Phone Number:
	d) Program: