



**Positive Solutions for Families**

**Session Evaluation Form**

**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 on the NYS Early Childhood Advisory Council website: <http://bit.ly/NYpyramid>**

1. Date of session: \_\_\_\_\_ 2. Trainer(s) name: \_\_\_\_\_

3. Zip code of session: \_\_\_\_\_ 4. County of session: \_\_\_\_\_

5. Program Affiliation (check the one that best suits you):

<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Head Start	<input type="checkbox"/> Child Care	<input type="checkbox"/> PreSchool
<input type="checkbox"/> Early Intervention (EI)	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Pre-K Special Ed	<input type="checkbox"/> K- 3
<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Medical Clinic/hospital	<input type="checkbox"/> Department of Social Services	
<input type="checkbox"/> Child Care Resource & Referral agency		<input type="checkbox"/> Other (please explain) _____	

6. Position (check the one that best suits you):

<input type="checkbox"/> Administrator	<input type="checkbox"/> Teacher	<input type="checkbox"/> OT/PT	<input type="checkbox"/> Home Visitor
<input type="checkbox"/> Education Coordinator	<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Faculty Member
<input type="checkbox"/> Disability Coordinator	<input type="checkbox"/> Family Educator	<input type="checkbox"/> Trainer/Technical Assistance Provider	
<input type="checkbox"/> Social Worker/Mental Health Counselor		<input type="checkbox"/> Positive Behavioral Support staff	
<input type="checkbox"/> LPN/RN		<input type="checkbox"/> Other (please explain) _____	

7. County(s) you serve: \_\_\_\_\_

8. Number of children ages 0-5 years you serve, directly or indirectly (if you are an administrator or trainer):  
 \_\_\_\_\_

Please fill in the box that best describes your opinion as a result of attending this training...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9. I have learned new strategies to support strengthening relationships between parents and children.					
10. I am able to use the content of the training to better assist parents to help children develop friendship skills					
11. I have increased my understanding of effective ways to assist parents in developing and teaching household rules					



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 learned about strategies and activities for supporting parents to help their child identify feeling words and identify effective ways to teach feeling vocabulary					
13. I am aware of specific strategies that can be used to promote positive adult and child behavior in home and community settings					
14. The training was well organized and clear					
15. The presenter(s) were knowledgeable and effective in style					
16. There were sufficient opportunities to raise questions and get information from the presenters					

Please respond to the following questions regarding this training:

17. Please list 3 learning points from the Positive Solutions for Family training:

- 1.
- 2.
- 3.

18. Please list 3 actions that you will take in the next couple of months as a result of the Positive Solutions for Families training:

- 1.
- 2.
- 3.



19. I really liked the way...

20. The training would have been better if...

21. Other comments and reactions:

Please respond to the following questions regarding this training. *Remember that this feedback is important to improve trainer practice.*

22. Please list 2 actions that you will take in the next couple of months as a result of this training session:

a)

b)

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23. 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):

24. Would you recommend this training to others?  Yes  No

25. Cost of this session: \_\_\_\_\_

26. Other comments and reactions you wish to offer:

27. Can we contact you in the future to learn more about your experience?  Yes  No

*Note: Your personal information will **not** be disclosed to the trainer, but used to help improve the implementation of the Pyramid Model.*

a) Name: \_\_\_\_\_

b) Email: \_\_\_\_\_