

## TPITOS Reliability Training Workshop Participant Evaluation Form

<b>Trainer's Name(s):</b>	<b>Date:</b>
<b>Location of Training:</b>	

**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. **Please indicate whether you are part of Pyramid Model Implementation Cohort 1 or not:**

Participating in Cohort 1

Not Participating

6. **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) _____	

7. **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) _____	

8. **County(s) you serve:** \_\_\_\_\_

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

SECTION ONE				
10. Which of the following best describes your knowledge of the TPITOS <u>before</u> the training?	None <input type="checkbox"/>	Limited <input type="checkbox"/>	Moderate <input type="checkbox"/>	Extensive <input type="checkbox"/>
11. Which of the following best describes your knowledge of the Pyramid Model <u>before</u> the training?	None <input type="checkbox"/>	Limited <input type="checkbox"/>	Moderate <input type="checkbox"/>	Extensive <input type="checkbox"/>

<b>SECTION TWO</b>					
<b>How much do you agree or disagree with each statement?</b>					
	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
<b>12. TRAINING OBJECTIVES AND CONTENT</b>					
a. The objectives of the workshop were clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall the workshop met its objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The materials were useful in the training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Following this training, I feel prepared to conduct an observation within a classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. THE TRAINER WAS:</b>					
a. Knowledgeable about the TPITOS and Pyramid Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Responsive to participants' questions and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Well-organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Able to present the material in an understandable way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION THREE</b>					
14. Taking everything into account, which of the following best reflects your level of satisfaction with the training received?	Not at all Satisfied <input type="checkbox"/>	Somewhat Satisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Highly Satisfied <input type="checkbox"/>	

15. Provide any comments related to what you liked best about the workshop or suggestions for improvement