



Infant Toddler Module 4

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 [here](#).**

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):**

9. Please put an "X" in the box that best describes your opinion as a result of attending this training session.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I can describe an evidenced based framework for addressing challenging behavior and social-emotional development.				
I learned strategies to remedy the challenges of implementing evidence based practices in local programs.				
I can describe leadership strategies including collaborating, planning, staff development, and program-wide planning.				
I can identify steps to collaborative planning for programs and systems that support all young children's social-emotional development.				
I learned strategies and activities to use in my work as a Pyramid Model Trainer.				



10. Please put an "X" in the box that best describes your opinion of the trainer(s) after this training session.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Trainer(s) were knowledgeable about content.				
Trainer(s) were effective in their delivery of the content.				

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

11. Best features of this training session were:

12. My suggestions for improvement are:

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

a)

b)

[Please Go To Next Page]



14. 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):

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

16. Cost of this session: _____

17. Other comments and reactions you wish to offer:

18. 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: _____

19. Would you be interested in individualized coaching to support the implementation of Pyramid Model strategies in your classroom/program? Yes No

If yes, please complete the information below.

*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: _____