PreSchool Module 3b  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: ____________________


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

- Early Head Start
- Head Start
- Child Care
- PreSchool
- Early Intervention (EI)
- Pre-K
- Pre-K Special Ed
- K-3
- Institution of Higher Education
- Medical Clinic/hospital
- Department of Social Services
- Child Care Resource & Referral agency
- Other (please explain) ____________________

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

- Administrator
- Teacher
- OT/PT
- Home Visitor
- Education Coordinator
- Teacher Assistant
- Psychologist
- Faculty Member
- Disability Coordinator
- Family Educator
- Trainer/Technical Assistance Provider
- Social Worker/Mental Health Counselor
- Positive Behavioral Support staff
- LPN/RN
- 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.

<table>
<thead>
<tr>
<th>I have increased my knowledge about children’s social-emotional development.</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have increased my comfort and confidence in working with children with challenging behaviors</td>
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<tr>
<td>I have increased my understanding about the forms and function of communication.</td>
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<tr>
<td>I can identify the behavioral mechanisms that contribute to viewing challenging behavior as a form of communication.</td>
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<tr>
<td>I learned new methods that may be used to determine the function of challenging behavior.</td>
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<tr>
<td>Strongly Agree</td>
<td>Somewhat Agree</td>
<td>Somewhat Disagree</td>
<td>Strongly Disagree</td>
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<tr>
<td>I increased my skills in using interview and observation data to determine the communicative function of challenging behavior.</td>
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<td>I am able to develop a behavior hypothesis from functional assessment information.</td>
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<td>I have increased my understanding about the difference between Positive Behavior Support and traditional discipline approaches.</td>
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<td>I can identify the steps of the process of Positive Behavior Support.</td>
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<td>I can describe strategies that may be used to prevent challenging behavior.</td>
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<td>I increased my ability to identify replacement skills that may be taught to replace challenging behavior.</td>
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<td>I am able to develop a behavior support plan for a child who has challenging behaviors.</td>
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<tr>
<td>I learned strategies and activities to use in my work as a Pyramid Model user</td>
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</table>

10. Please put an “X” in the box that best describes your opinion of the trainer(s) after this training session.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainer(s) were knowledgeable about content.</td>
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<tr>
<td>Trainer(s) were effective in their delivery of the content.</td>
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</table>

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) 

14. How did you first hear about the training? (check ONE):
   - From a colleague/ friend
   - At my worksite
   - Aspire calendar
   - Listserv (Please specify the name of the Listserv):
   - 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 Name: ________________