

DIRECTIONS: Please take a moment to provide feedback on the training that you received. Check the box that corresponds in your opinion to each statement or check N/A if not applicable. Please add any additional comments that you may have at the bottom of the page. When the survey is completed, leave it with your trainer.

Location: _____ **Date:** _____

Program Affiliation (check one);

- Head Start Early Head Start Child Care Other (please list)

Position (check one):

- Administrator Education Coordinator Disability Coordinator Mental Health Consultant
 Teacher Teacher Assistant Other (please list) _____

Please put an "X" in the box that best describes your opinion as a result of attending this training...	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
(1) I have increased my understanding of the importance of my relationships with the infants and toddlers I work with.					
(2) I can describe the elements of social emotional development in children from birth to three years.					
(3) I have increased my understanding of the impact of the inborn, biological difference of temperament on the behavior of individual children.					
(4) I have learned about the importance of family and culture for infants and toddlers.					
(5) I increased my understanding of the importance to infants and toddlers of positive messages from their adult caregivers					
(6) I understand the special importance of self-awareness for working with infants, toddlers and their families.					

Please respond to the following questions regarding this training:

(8) The best features of this training session were....

(9) My suggestions for improvement are...

(10) Other comments and reactions I wish to offer (please use the back of this form for extra space):