

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 can describe the relationship between behavior and the communication of distress for infants and toddlers.					
(2) I can identify the characteristics of challenging behavior for infants and toddlers.					
(3) I can describe the key elements of a process for understanding behavior that is confusing or may be disruptive of social emotional development.					
(4) I can identify some of the common signs of maternal depression and understand the potential impact of maternal depression on the social emotional development of infants and toddlers.					

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):