

**DIRECTIONS:** Please take a moment to provide feedback on the training that you received. Check the box that corresponds to your opinion for 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 knowledge about children’s social emotional development.					
(2) I have increased my comfort and confidence in working with children with challenging behaviors.					
(3) I have increased my understanding about the forms and function of communication.					
(4) I can identify the behavioral mechanisms that contribute to viewing challenging behavior as a form of communication.					
(5) I learned new methods that may be used to determine the function of challenging behavior.					
(6) I increased my skills in using interview and observation data to determine the communicative function of challenging behavior.					
(7) I am able to develop a behavior hypothesis from functional assessment information.					

**Please respond to the following questions regarding this training:**

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

(9) Suggestions for improvement...

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