**Family Child Care Module 2 Evaluation**

**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):
   - 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
   - Self-Employed
   - 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/MHC
   - Family Child Care Provider
   - Positive Behavioral Support staff
   - LPN/RN
   - Group Family Child Care Provider
   - 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):**
   ________

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<table>
<thead>
<tr>
<th>Please fill in the box that best describes your opinion as a result of attending this training…</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. I have learned more strategies to promote children’s social-emotional development.</td>
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<td>10. I can describe the relationship between children’s social-emotional development and challenging behaviors.</td>
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<td>11. I can define emotional literacy and identify activities that build “feeling vocabularies.”</td>
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</table>
Complete the following survey for the Family Child Care Module 2 Training.

**Please fill in the box that best describes your opinion as a result of attending this training...**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. I learned more about the importance of providing opportunities for children to begin to understand their own, as well as others’, emotions.</td>
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<td>13. I further understand why children need to learn to control anger and handle disappointment, and will be able to identify strategies to teach anger management skills.</td>
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<td>14. I can identify strategies for supporting the development of friendship skills.</td>
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<td>15. I have a deeper understanding of the importance of teaching problem solving and will be able to identify problem solving steps.</td>
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<tr>
<td>16. I feel I have built skills for supporting nurturing and responsive caregiving, providing targeted social-emotional skills, and supporting children with challenging behaviors.</td>
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<td>17. The training was well organized and clear</td>
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<td>18. The presenter(s) were knowledgeable and effective in style</td>
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<td>19. There were sufficient opportunities to raise questions and get information from the presenters</td>
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</table>

Please respond to the following questions regarding this training:

**20. Please list 3 learning points from the Family Child Care Module 2 training:**

1. 

2. 

3. 

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21. Please list 3 actions that you will take in the next couple of months as a result of the Family Child Care Module 2 training:

   1.

   2.

   3.

22. I really liked the way...

23. The training would have been better if...

24. Other reactions to this training:
25. 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):

26. Would you recommend this training to others?  
   - [ ] Yes  
   - [ ] No

27. Cost of this session: __________

28. Other comments and reactions you wish to offer:

29. 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: ______________________

30. 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: ____________________