



Family Child Care Module 1 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):

<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Head Start	<input type="checkbox"/> Child Care	<input type="checkbox"/> PreSchool
<input type="checkbox"/> Early Intervention (EI)	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Pre-K Special Ed	<input type="checkbox"/> K- 3
<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Medical Clinic/hospital	<input type="checkbox"/> Department of Social Services	
<input type="checkbox"/> Child Care Resource & Referral agency	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Other (please explain) _____	

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

<input type="checkbox"/> Administrator	<input type="checkbox"/> Teacher	<input type="checkbox"/> OT/PT	<input type="checkbox"/> Home Visitor
<input type="checkbox"/> Education Coordinator	<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Faculty Member
<input type="checkbox"/> Disability Coordinator	<input type="checkbox"/> Family Educator	<input type="checkbox"/> Trainer/Technical Assistance Provider	
<input type="checkbox"/> Social Worker/MHC	<input type="checkbox"/> Family Child Care Provider	<input type="checkbox"/> Positive Behavioral Support staff	
<input type="checkbox"/> LPN/RN	<input type="checkbox"/> Group Family Child Care Provider	<input type="checkbox"/> 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):**

Please fill in the box that best describes your opinion as a result of attending this training...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9. I have learned more strategies to promote children's social-emotional development.					
10. I can describe the relationship between children's social-emotional development and challenging behaviors.					
11. I have increased my understanding of the role that adult reactions, responses, and practices have on children's behaviors.					



Please fill in the box that best describes your opinion as a result of attending this training...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
12. I can describe the relationship between environmental variables, challenging behaviors, and social-emotional development.					
13. I learned about strategies to build positive relationships with children, families, and colleagues.					
14. I learned about strategies to design environments, schedules, routines, structure transitions, and plan activities that promote engagement.					
15. I learned about strategies to help children learn expectations and routines.					
16. I feel I have built skills to support nurturing and responsive caregiving.					
17. The training was well organized and clear					
18. The presenter(s) were knowledgeable and effective in style					
19. There were sufficient opportunities to raise questions and get information from the presenters					

Please respond to the following questions regarding this training:

20. Please list 3 learning points from the Family Child Care Module 1 training:

- 1.
- 2.
- 3.



21. Please list 3 actions that you will take in the next couple of months as a result of the Family Child Care Module 1 training:

1.

2.

3.

22. I really liked the way...

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

24. Other reactions to this training:

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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: _____