## Training Feedback Form

Directions: Please take a moment to provide feedback on the training you received. When the survey is complete, leave it with your trainer.

My Program or Center:

**Training Date:** 

| Position (Circle one): Administrator Teacher   | Education Coordinator<br>Teacher Assistant     |         |                   | Coordinator Me    |                      | ental Health Consultant |     |
|--|--|---------|-------------------|-------------------|----------------------|-------------------------|-----|
| Put an "X" in the box<br>a result of attending   | that best describes your opi<br>this training: | nion as | Strongly<br>Agree | Somewhat<br>Agree | Somewhat<br>Disagree | Strongly<br>Disagree    | N/A |
| I have a better understanding of what social-emotional development means for infants and toddlers and how it unfolds within the context of caregiving relationships. |  |         |                   |                   |                      |                         |     |
| I have a better understanding of how early social-emotional skills impact school readiness.  |  |         |                   |                   |                      |                         |     |
| During this training, I thought of ways to incorporate what I was hearing into my daily classroom activities.  |  |         |                   |                   |                      |                         |     |
| My trainer was knowled   | dgeable about the Pyramid Mo                   | del.    |                   |                   |                      |                         |     |
| My trainer was able to understandable way  | present the material in an                     |         |                   |                   |                      |                         |     |
| My trainer was responsineeds.  | sive to participants' questions a              | nd      |                   |                   |                      |                         |     |
| Please respond to the following questions regarding this training:   |  |         |                   |                   |                      |                         |     |
| The best features of this training were  |  |         |                   |                   |                      |                         |     |
| My suggestions for i   | mprovement are                                 |         |                   |                   |                      |                         |     |
| Other comments and reactions I wish to offer (please use the back of the form for extra space):  |  |         |                   |                   |                      |                         |     |



**Training Location:**