

Training Location:

Focusing on Relationships 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 Education Coordinator Teacher Assistant		Disability Coordinator Other (please list)		Mental Health Consultant		
	that best describes your fattending this training:	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
I have a better unde relationships promot development in infar	e social-emotional					
I have a better understanding of strategies for building relationships with children.						
I have a better understanding about building relationships with families.						
During the training, I thought of ways to incorporate what I was hearing into my daily						
The training included information that was new to me, or was presented in a manner that was						
The presenter was well-organized and						
The presenter was knowledgeable on training topics and able to address questions.						
Please respond to the following questions regarding this training:						
The best features of this training were						
My suggestions for improvement are						
Other comments and reactions I wish to offer (please use the back of the form for extra space):						

