

# Peer Interaction 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.

**Training Location:**

**Training Date:**    /    /

**My Program or Center:**

**Position (Circle one):**

Administrator

Education Coordinator

Disability Coordinator

Mental Health Consultant

Teacher

Teacher Assistant

Other (please list) \_\_\_\_\_

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
I have a better understanding of why positive peer interactions are important in early childhood.					
I have a better understanding of how to facilitate and support positive peer interactions in my classroom.					
I have a better understanding of how social play and friendship skills develop.					
During the training, I thought of ways to incorporate what I was hearing into my daily classroom activities.					
The training included information that was new to me, or was presented in a manner that was different from other trainings.					
The presenter was well-organized and prepared for the presentation.					
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):

