

# 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
My understanding of what can be considered challenging behavior in infants and toddlers has increased.					
My knowledge about ways to gather information about challenging behavior in order to respond appropriately has increased.					
I have a better understanding of the importance of replacing and preventing challenging behavior as a means to improve social emotional skills in young children.					
During the training, I thought of ways to incorporate what I was hearing into my daily classroom activities.					
My trainer was knowledgeable about the Pyramid Model.					
My trainer was able to present the material in an					
My trainer was responsive to participants' questions and needs.					

**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):

