

Learning Experience Documentation: Please answer each of these questions in a complete sentence!

1 What new idea(s) did you learn in this training?

2 Which idea(s) did you find most valuable?

3 How do you plan to use what you learned in your program?

Indicate <u>which are your top three choices</u> for additional training and write the specific topic on the line provided.	1st	2nd	3rd	Specify Area Topic (Optional)
11. Child Development and Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<hr/>
12. Building Family and Community Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<hr/>
13. Observing, Documenting and Assessing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<hr/>
14. Teaching & Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<hr/>
15. Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<hr/>
16. Health, Safety and Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<hr/>
17. Curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<hr/>
18. Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<hr/>
				<hr/>
				<hr/>
				<hr/>

19. Indicate the age group you work with most:

Infant/Toddler

Preschool

School Age

Administration

52008

52008

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3

Early Learning Coalition of Pinellas County, Inc. Training Evaluation Form

We appreciate the opportunity to work with you and your feedback is very important to us. Please complete this form at the end of the workshop to rate your satisfaction and return it to the trainer. Thank you.

INSTRUCTIONS:



Correct Mark: Incorrect Marks:



*** MAKE DARK MARKS * MAKE NO STRAY MARKS**

Name (optional): _____

Date: _____ County/District: _____

Meeting Location: _____

Training: _____

Trainer: _____

Please rate each of the following statements for this training. <i>(If you disagree, please specify the reason(s) below each question.)</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The training was organized. Comment: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The training met stated goals and objectives. Comment: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The materials were easy to follow and understand. Comment: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The trainer was knowledgeable on the topic. Comment: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The trainer was able to communicate the topic effectively. Comment: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The facility met the needs of the training. Comment: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Overall, I am satisfied with the training. Comment: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>