



**State-Approved Training Evaluation Form**

<b>Training Title:</b>		<b>Date:</b>	
<b>Trainer Name:</b>		<b>Trainer STARS ID:</b>	

<b>Instructions: Please mark only one response per line.</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
Content provided matched the training description.	1	2	3	4
Content provided matched the core competency level indicated in the training description.	1	2	3	4
Examples and illustrations used in the training were relevant to practice.	1	2	3	4
Handouts were useful.	1	2	3	4
Trainer was knowledgeable about the topic.	1	2	3	4
Trainer was well prepared.	1	2	3	4
Content and methods of instruction honored my learning style and culture.	1	2	3	4
Trainer was able to present the material using alternative methods, when needed.	1	2	3	4
Trainer clearly and completely addressed questions.	1	2	3	4
Training facilities were conducive to learning.	1	2	3	4
As a result of training, my knowledge about the topic is enhanced.	1	2	3	4
As a result of training, I can think of way(s) to enhance my work with children and/or families.	1	2	3	4
I can apply this information to the diversity of families I serve.	1	2	3	4
I was invested in learning from this training.	1	2	3	4
I would certainly recommend this training to my colleagues.	1	2	3	4

<b>Comments</b>				
<b>1. What parts of the training worked best for you?</b>				
<b>2. What changes would you suggest to the trainer?</b>				
<b>3. For future training, what topic(s) are you looking for? (Select your top three choices)</b>				
<table border="0"> <tr> <td><b>Early Childhood Education Core Competency Areas:</b></td> <td><b>Child &amp; Youth Development Core Competency Areas:</b></td> </tr> <tr> <td> <input type="checkbox"/> Child Growth, Development &amp; Learning  <input type="checkbox"/> Curriculum and Learning Environment  <input type="checkbox"/> Ongoing Measurement of Child Progress  <input type="checkbox"/> Families and Community Partnerships  <input type="checkbox"/> Health, Safety, and Nutrition  <input type="checkbox"/> Interactions  <input type="checkbox"/> Program Planning and Development  <input type="checkbox"/> Professional Development and Leadership                 </td> <td> <input type="checkbox"/> Child/Adolescent Growth and Development  <input type="checkbox"/> Learning Environment and Curriculum  <input type="checkbox"/> Child/Adolescent Observation and Assessment  <input type="checkbox"/> Families, Communities, and Schools  <input type="checkbox"/> Safety and Wellness  <input type="checkbox"/> Interactions with Children/Youth  <input type="checkbox"/> Program Planning and Development  <input type="checkbox"/> Professional Development and Leadership  <input type="checkbox"/> Cultural Competency and Responsiveness  <input type="checkbox"/> Youth Empowerment                 </td> </tr> </table>	<b>Early Childhood Education Core Competency Areas:</b>	<b>Child &amp; Youth Development Core Competency Areas:</b>	<input type="checkbox"/> Child Growth, Development & Learning <input type="checkbox"/> Curriculum and Learning Environment <input type="checkbox"/> Ongoing Measurement of Child Progress <input type="checkbox"/> Families and Community Partnerships <input type="checkbox"/> Health, Safety, and Nutrition <input type="checkbox"/> Interactions <input type="checkbox"/> Program Planning and Development <input type="checkbox"/> Professional Development and Leadership	<input type="checkbox"/> Child/Adolescent Growth and Development <input type="checkbox"/> Learning Environment and Curriculum <input type="checkbox"/> Child/Adolescent Observation and Assessment <input type="checkbox"/> Families, Communities, and Schools <input type="checkbox"/> Safety and Wellness <input type="checkbox"/> Interactions with Children/Youth <input type="checkbox"/> Program Planning and Development <input type="checkbox"/> Professional Development and Leadership <input type="checkbox"/> Cultural Competency and Responsiveness <input type="checkbox"/> Youth Empowerment
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**Thank you! Please leave the completed evaluation form with the trainer.**