

Please take a moment to provide feedback on the training that you received. Check the box that corresponds in your opinion to each statement or check N/A if not applicable. Please add any additional comments that you may have at the bottom of the page. When the survey is completed, leave it with your trainer.

Location: _____ **Date:** _____

Program Affiliation (check one);

- Head Start Early Head Start Child Care Other (please list)

Position (check one):

- Administrator Education Coordinator Disability Coordinator Mental Health Consultant
 Teacher Teacher Assistant Other (please list) _____

| Please 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 |
|---|----------------|----------------|-------------------|-------------------|-----|
| (1) I can describe the relationship between behavior and the communication of distress for infants and toddlers. | | | | | |
| (2) I can identify the characteristics of challenging behavior for infants and toddlers. | | | | | |
| (3) I can describe the key elements of a process for understanding behavior that is confusing or may be disruptive of social emotional development. | | | | | |
| (4) Identify key steps to developing an individual support plan for an infant or toddler. | | | | | |

Please respond to the following questions regarding this training:

(8) The best features of this training session were....

(9) My suggestions for improvement are...

(10) Other comments and reactions I wish to offer (please use the back of this form for extra space):