

DIRECTIONS: Please take a moment to provide feedback on the training that you received. Check the box that corresponds to your opinion for 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 have increased my knowledge about children’s social and emotional development.					
(2) I have increased my comfort and confidence in working with children with challenging behaviors.					
(3) I have increased my understanding about the difference between Positive Behavior Support and traditional discipline approaches.					
(4) I can identify the steps of the process of Positive Behavior Support.					
(5) I can describe strategies that may be used to prevent problem behavior.					
(6) I increased my ability to identify replacement skills that may be taught to replace problem behavior.					
(7) I am able to develop a behavior support plan for a child who has challenging behaviors.					

Please respond to the following questions regarding this training:

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

(9) Suggestions for improvement...

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