**Module 4**  

**Session Evaluation Form**

**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…

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

(1) I can describe an evidenced based framework for addressing challenging behavior and social emotional development.

(2) I learned strategies to remedy the challenges of implementing evidence based practices in local programs.

(3) I can describe leadership strategies including collaborating, planning, staff development, and program-wide planning.

(4) I can identify steps to collaborative planning for programs and systems that support all young children’s social and emotional development.

---

Please respond to the following questions regarding this training:

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

(6) Suggestions for improvement...

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