Module 2  
Session Evaluation Form

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)  __________________________

<table>
<thead>
<tr>
<th>Please put an “X” in the box that best describes your opinion as a result of this training…</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) I have increased my understanding of the importance of my relationships with the infants, toddlers and families I care for.</td>
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<td>(2) I can describe the importance of being intentional about supporting the social emotional competence of infants and toddlers.</td>
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<td>(3) I have increased my understanding of the impact of the environment on the opportunity that infants and toddlers have to expand their social and emotional skills.</td>
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<td>(4) I have increased my appreciation of the importance of using caregiving routines to support the social emotional development of infants and toddlers.</td>
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<td>(5) I can define social emotional literacy and describe the kinds of interactions with infants and toddlers that will support the growth in their social emotional literacy.</td>
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<td>(6) I have increased my awareness of strategies that can be used to build social emotional skills in infants and toddlers.</td>
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</tbody>
</table>

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):