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