**Vermont’s Professional Development System**

**for Early Childhood and Afterschool**

**Training Evaluation Form**

**Title of Training**: *Improving Developmental Screening in ECE Programs:*

**Date:**

**Instructor Name(s):**

**Location:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **With an ‘X’, please indicate your rating for each of the sessions:** | **Strongly Disagree** | **Disagree** | **Neutral**  | **Agree**  | **Strongly Agree** |
| **Learning Session 2: Red Rover Red Rover, Moving Goals into Actions** *Lauren Smith, LCMHC* |  |  |  |  |  |
| I will apply what I learned in this session |  |  |  |  |  |
| The information shared was relevant to my work  |  |  |  |  |  |
| The content from this session was valuable |  |  |  |  |  |
| **Please let us know how much you agree with the following statements regarding this training:** | **Strongly Disagree** | **Disagree** | **Neutral**  | **Agree**  | **Strongly Agree** |
| The day and time of this training was convenient for my schedule |  |  |  |  |  |
| The location of the conference was convenient  |  |  |  |  |  |
| Overall, I gained new knowledge and/or perspective by attending this training.  |  |  |  |  |  |
| Overall, I will apply what I learned in this training in my program. |  |  |  |  |  |
| The instructor was clear about the objectives of the training. |  |  |  |  |  |
| I would attend another training provided by this sponsor.  |  |  |  |  |  |

**(OVER!!)**

**As a result of this training, what is one thing you plan to do new or differently in your program?**

**Other comments, observations, suggestions? Please use the blank space as needed.**