

Evaluation of Training Facilitating Change: Conversations That Help



Date: _____ Trainer(s): _____

My role is: *(please check all that apply)*

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Home Visitor | <input type="checkbox"/> Family Support Worker |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Director/Program Manager | <input type="checkbox"/> Coordinator | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Federal Staff | <input type="checkbox"/> Training and Technical Assistance | <input type="checkbox"/> Consultant | <input type="checkbox"/> Other: |

Ages Served: Prenatal–age 3 Ages 3–5

<i>Please rate the training session by responding to the following statements:</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The training met the stated learning objectives	5	4	3	2	0
The trainer was knowledgeable about the topics covered in the presentation.	5	4	3	2	0
The trainer provided balance between participant questions and presentation content.	5	4	3	2	0
The trainer used a variety of activities to share the information.	5	4	3	2	0
The information presented was useful—it could be used in my work or daily life.	5	4	3	2	0
I want to learn more about this topic.	5	4	3	2	0
The information was clear and organized.	5	4	3	2	0
This training was a valuable professional development opportunity for me.	5	4	3	2	0

What I liked most was...

What I liked least was...

One idea I will take back and include in my work is...

Topics I would like to learn more about are...