

Strategies to Prevent Infant & Toddler Biting

Webinar Evaluation

**Indicates required information*

Date of Webinar: 1/23/19

*Name: _____

*I work at: _____

*Work address: _____

*Email: _____

*Phone: _____

*My position is: Director / Owner Teacher / Caregiver Other _____

*Type of program: Center Based Family Care Home

Please print clearly.
 Return by **February 8, 2019** to Debbie C. by fax 757-378-2791 or mail to
 CDR,
 P.O. Box 280, Norge, VA 23127
 Attn: Debbie C. or email to
 debbiec@cdr.org

| | |
|---|---|
| What I liked about the training was . . . | Suggestions I have for improving the training are . . . |
|---|---|

| |  No | |  Somewhat | |  Yes Definitely |
|---|---|----------|---|----------|--|
| Were the training objectives met? | 1 | 2 | 3 | 4 | 5 |
| Did you learn what you expected to learn? | 1 | 2 | 3 | 4 | 5 |
| Was the trainer knowledgeable? | 1 | 2 | 3 | 4 | 5 |
| Will the training help you enhance the quality of care for infants and toddlers in your setting? | 1 | 2 | 3 | 4 | 5 |
| If yes, please tell us how..... | | | | | |

| | | | | |
|---|----------|---|----------|---|
| Overall Rating Of This Training: | | | | |
|  1 | 2 |  3 | 4 |  5 |

THANK YOU!

Check here if you are interested in receiving follow-up support to this webinar.