

Charting the Professional Development Course of Infant & Toddler Caregivers

Webinar Evaluation

**Indicates required information*

Date of Webinar: 5/17/18

*Name: _____

*I work _____

*Work address: _____

*Email: _____ *Phone: _____

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



*Type of program: Center Based Family Care Home

Please print clearly.
Return to VA ITSN by email to
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Attn: Training

<p>What I liked about the training was . . .</p>	<p>Suggestions I have for improving the training are . . .</p>
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	 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.