Safe Sleep Environments for **Infants & Toddlers**



Webinar Evaluation

*Indicates required information Date of Webinar: 9/27/17 *Name:				Please print clearly. Return to VA ITSN by email to training@va-itsnetwork.org fax 757-378-2791 or mail to CDR		
			fax 75			
*I work at:				P.O. Box 280, Norge, VA 23127 Attn: Training		
* <u>Work</u> address:						
*Email:			*Phone:			
*My position is: Director / Owner DTeacher / C		Other				
*Type of program: Center Based Family Car	_	<u> </u>	_			
What I liked about the training was	Sugg are .		I have for impr	oving th	ne training	
	(S) 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:						
(2)	\odot				\odot	

THANK YOU!

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