

**Self- Care for Caregivers:
The Act of Mindfulness
in Infant & Toddler Programs
Evaluation**

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**Indicates required information*

Date of Webinar 11/12/2020

*Name: _____

*I work at: _____

*Work address: _____

*Email: _____ *Phone: _____

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

*Type of program: Center Based Family Care Home

What I liked about the training was . . .	Suggestions I have for improving the training are . . .
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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? If yes, please tell us how.....	1	2	3	4	5

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.