

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 to VA ITSN
by email to
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P.O. Box 280, Norge, VA 23127
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? 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.