

Connecting with Parents of Infants & Toddlers Evaluation

**Indicates required information*

Date of Webinar: 5 /16/19

***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 VA ITSN
 by email to
 training@va-itsnetwork.org
 fax 757-378-2791 or mail to CDR,
 P.O. Box 280, Norge, VA 23127
 Attn: Training

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?	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.