Training Evaluation

Name of Training: ***LL Series: An Introduction to Toddler Quality of Feedback*** Date: _____

What I liked about the training was . . .	Suggestions I have for improving the training are . . .

	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
Did this training improve your knowledge of CLASS dimensions?	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

What other topics would you like additional training?

Overall Rating of the Training:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Please email this training evaluation directly to Bertie Byrd at bertieb@cdr.org.

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