

## Handout 1.7: Session 1 Evaluation Form

**Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Program Affiliation**

In which type(s) of early childhood setting(s) do you currently work? (Please check all that apply.)

- Family Child Care Program
- Center-Based Program
- Public Preschool Program
- Private Preschool Program
- Public Kindergarten Program
- Private Kindergarten Program
- Early Head Start Program
- Head Start Program
- Out-Of-School Time Program
- Other \_\_\_\_\_

**Position**

What is your current position? (Please check all that apply.)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Program Director</li> <li><input type="checkbox"/> Assistant Program Director</li> <li><input type="checkbox"/> Team Leader</li> <li><input type="checkbox"/> Supervisor</li> <li><input type="checkbox"/> Service Coordinator</li> <li><input type="checkbox"/> RCP Coordinator</li> <li><input type="checkbox"/> Social Worker</li> <li><input type="checkbox"/> Developmental Specialist</li> <li><input type="checkbox"/> Speech Language Pathologist</li> <li><input type="checkbox"/> Physical Therapist</li> <li><input type="checkbox"/> Occupational Therapist</li> <li><input type="checkbox"/> Educator</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Mental Health Clinician</li> <li><input type="checkbox"/> Nurse</li> <li><input type="checkbox"/> Psychologist</li> <li><input type="checkbox"/> Infant Teacher</li> <li><input type="checkbox"/> Toddler Teacher</li> <li><input type="checkbox"/> Preschool Teacher</li> <li><input type="checkbox"/> Family Child Care Provider</li> <li><input type="checkbox"/> Family Child Care Assistant</li> <li><input type="checkbox"/> Lead Teacher</li> <li><input type="checkbox"/> Teacher</li> <li><input type="checkbox"/> Assistant Teacher</li> <li><input type="checkbox"/> Para-Professional</li> </ul> |
|---|--|

**Measuring Learning Outcomes**

Below are the learning outcomes for this session. Please read each learning outcome below. Then **place an X in the box** that you feel best describes how well the learning outcomes (what you have learned or what will change as a result of your experience in this training session) have been met. **Please choose ONE answer (only put one X) for each learning outcome/row.**

Learning Outcomes	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<b>Session 1</b>				
I have a basic understanding of the four levels of the Pyramid Model.				
I am able to recognize the three major elements of social emotional wellness.				

**Please respond to the following questions regarding this training session:**

The best features of this training session were:

Suggestions for improvement:

Other comments and reactions I wish to offer (please use the back of this form for extra space):