

Handout 4.6 Session 4 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.)

- | | |
|--|--|
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Mental Health Clinician |
| <input type="checkbox"/> Assistant Program Director | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Team Leader | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Infant Teacher |
| <input type="checkbox"/> Service Coordinator | <input type="checkbox"/> Toddler Teacher |
| <input type="checkbox"/> RCP Coordinator | <input type="checkbox"/> Preschool Teacher |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Family Child Care Provider |
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Family Child Care Assistant |
| <input type="checkbox"/> Speech Language Pathologist | <input type="checkbox"/> Lead Teacher |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Assistant Teacher |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Para-Professional |

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
Session 4				
I understand how environments affect children's behavior.				
I am able to design an environment that supports appropriate behavior and social skills.				
I know the criteria for a well-designed, responsive infant/toddler environment.				
I am able to articulate the importance of schedule, routines, and transitions in promoting child social engagement and preventing challenging behavior.				
I am able to describe responsive infant/toddler routines that support the social emotional development of each child.				

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):