

Handout 6.5: Session 6 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"> <input type="checkbox"/> Program Director <input type="checkbox"/> Assistant Program Director <input type="checkbox"/> Team Leader <input type="checkbox"/> Supervisor <input type="checkbox"/> Service Coordinator <input type="checkbox"/> RCP Coordinator <input type="checkbox"/> Social Worker <input type="checkbox"/> Developmental Specialist <input type="checkbox"/> Speech Language Pathologist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Educator | <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health Clinician <input type="checkbox"/> Nurse <input type="checkbox"/> Psychologist <input type="checkbox"/> Infant Teacher <input type="checkbox"/> Toddler Teacher <input type="checkbox"/> Preschool Teacher <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Family Child Care Assistant <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <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 6				
I am able to describe the steps in the Positive Behavior Support process.				
I am able to describe why a child’s challenging behavior can interfere with her ability to learn, engage, and explore.				
I am able to identify triggers of challenging behavior and to describe the use of prevention strategies to address these triggers.				

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):

Overall Course Evaluation – Part I

(NOTE: You will be receiving Part II of this course evaluation by email.)

Application of Knowledge/Field Assignment Practice

1. What strategies did you find most useful when conducting your observation for your Session 3 Structured Field Experience?

How old was the child you observed?

Did you learn anything new about the child, or about the process of observing, from doing the observation? If so, what did you learn? If not, how could this activity have been more useful?

2. Which of the CSEFEL assessment tools did you use for your Session 4 Structured Field Experience?

What did you find most useful about this tool?

What did you learn from conducting this assessment and from writing the report?

Did you, or do you plan to, make any changes to a classroom or program as a result of this activity? If so, what changes did/will you make? If not, why not?

3. Which hands-on activity did you choose to do for your Session 5 Structured field experience?

Did you gain any new information from filling out the *Reflection Worksheet*? If yes, what did you learn? If no, why not?

Presenter Evaluation

Please put an "X" in the box that best describes what you think about the presenter for this course.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
The presenter identified learning outcomes and objectives at the beginning of the course.				
The learning outcomes and objectives were met.				
The material presented met my needs and expectations.				
There was time for discussion and question and answers.				
The resources were current, relevant, and accessible				
The presenter was knowledgeable and able to answer relevant questions.				
The presenter paid attention to adult learners' needs (breaks, adult size chairs, audio and visual).				
The presenter made use of different learning modalities (audio, visual, tactile, kinesthetic).				
The instructor's activities were appropriate to the material presented.				
The course material provided examples of how to adapt activities for children with diverse learning needs.				
The course material was culturally respectful and relevant.				
The course material applied to working with children in any setting (center classroom, family child care home, Head Start).				
The trainer presented with a positive attitude (e.g., she was friendly, had a sense of humor, etc.)?				