

Mark as shown: Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction: Please follow the examples shown on the left hand side to help optimize the reading results.

Thank you for taking the time to complete this evaluation. Your feedback will help us plan future programs.

1. Please provide the following information.

1.1 Job Title

1.2 County/Organization

2. Please rate the following overall aspects of the training.

	Poor	Fair	Average	Good	Excellent
2.1 Please indicate the overall educational value of the course.	<input type="checkbox"/>				
2.2 Please indicate the overall teaching effectiveness of the instructor.	<input type="checkbox"/>				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2.3 Course objectives were stated.	<input type="checkbox"/>				
2.4 Course objectives were met.	<input type="checkbox"/>				

3. Please indicate your level of agreement or disagreement with the following statements:

	Strongly - Disagree	Disagree	Agree	Strongly Agree	NA
3.1 The learning objectives were reflective of what I learned in this training.	<input type="checkbox"/>				
3.2 In class discussions enhanced my learning.	<input type="checkbox"/>				
3.3 The opportunities provided to practice enhanced my learning.	<input type="checkbox"/>				
3.4 I have increased knowledge on the topic area.	<input type="checkbox"/>				
3.5 I expect to be able to apply the knowledge and skills that I learned in this training on the job.	<input type="checkbox"/>				
3.6 I am better prepared to address issues of bias in my practice and to provide fair and equitable treatment to children and families.	<input type="checkbox"/>				
3.7 I feel that I have the support of my county to apply what I learned in this training in order to deepen my practice.	<input type="checkbox"/>				

4. Please provide comments below.

4.1 Please share any suggestions that you have for how this training could be improved.

