

Infant Interactions Through Caregiving Routines

Webinar Evaluation

Date of Audio Conference: 9/15/14

Name: _____

I work at: _____

Email: _____ Phone: _____




My position is: Director / Owner Teacher / Caregiver Other _____

Center Based Family Care Home

Please print clearly.



Return by September 30, 2014

<p>What I liked about the training was . . .</p> 	<p>Suggestions I have for improving the training are . . .</p>
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	 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
Will the training help you enhance the quality of care for infants and toddlers in your setting?	1	2	3	4	5

If yes, please tell us how.....

Overall Rating Of This Training:

  
1 **2** **3** **4** **5**

THANK YOU!