

Winter Is Coming: Gear Up for Staying Healthy!

Audio Conference Evaluation

**Indicates required information*

Date of Audio Conference: 10/28/15

*Name: _____

*I work at: _____

*Email: _____ *Phone: _____

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

*Type of program: Center Based Family Care Home

Please print clearly.
Return by **November 6, 2015** to
Debbie C. by fax 757-566-8710 or
mail to CDR, P.O. Box 280, Norge, VA
23127, Attn: Debbie C.

<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!