

# Successful Inclusion Strategies for Infants & Toddlers

## Audio Conference Evaluation

*\*Indicates required information*

Date of Webinar: 3/23/16

\*Name: \_\_\_\_\_

\*I work at: \_\_\_\_\_

\*Work address: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_

\*My position is:  Director, Asst. Director / Owner  Teacher / Caregiver  Other \_\_\_\_\_




\*Type of program:  Center Based  Family Care Home

*Please print clearly.*  
Return by **April 1, 2016** to Debbie C.  
by fax 757-566-8710 or mail to CDR,  
P.O. Box 280, Norge, VA 23127,  
Attn: Debbie C.

|   |   |
|---|---|
| <p><b>What I liked about the training was . . .</b></p> | <p><b>Suggestions I have for improving the training are . . .</b></p> |
|---|---|

|   | <br>No |          | <br>Somewhat |          | <br>Yes<br>Definitely |
|---|---|----------|---|----------|--|
| <b>Were the training objectives met?</b>  | <b>1</b>  | <b>2</b> | <b>3</b>  | <b>4</b> | <b>5</b>   |
| <b>Did you learn what you expected to learn?</b>  | <b>1</b>  | <b>2</b> | <b>3</b>  | <b>4</b> | <b>5</b>   |
| <b>Was the trainer knowledgeable?</b>   | <b>1</b>  | <b>2</b> | <b>3</b>  | <b>4</b> | <b>5</b>   |
| <b>Will the training help you enhance the quality of care for infants and toddlers in your setting?</b> | <b>1</b>  | <b>2</b> | <b>3</b>  | <b>4</b> | <b>5</b>   |
| <b>If yes, please tell us how.....</b>  |   |          |   |          |  |

**Overall Rating Of This Training:**

|   |          |   |          |   |
|---|----------|---|----------|---|
|  |          |  |          |  |
| <b>1</b>  | <b>2</b> | <b>3</b>  | <b>4</b> | <b>5</b>  |

**THANK YOU!**