

# We Are One: Strengthening Infant & Toddler Families As We Work Together

## Audio Conference Evaluation

*\*Indicates required information*

Date of Audio Conference: 10/27/16

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

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

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

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

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

\*Type of program:  Center Based  Family Care Home




**Please print clearly.**

Return by **November 11, 2016** to  
Debbie C. by fax 757-378-2791 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>    
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	 No		 Somewhat		 Yes 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>
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**THANK YOU!**