

# Safe Sleep Environments for Infants & Toddlers

## Webinar Evaluation

*\*Indicates required information*

Date of Webinar: 9/27/17

\*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 **October 13, 2017** 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>	1	2	3	4	5
<b>Did you learn what you expected to learn?</b>	1	2	3	4	5
<b>Was the trainer knowledgeable?</b>	1	2	3	4	5
<b>Will the training help you enhance the quality of care for infants and toddlers in your setting?</b>	1	2	3	4	5
<b>If yes, please tell us how.....</b>					

**Overall Rating Of This Training:**

				
1	2	3	4	5

**THANK YOU!**