

Sensory Story Time for Infants & Toddlers

Webinar Evaluation

**Indicates required information*

Date of Webinar: 12/6/17

*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 **December 13, 2017** by fax
 to 757-378-2791 or mail to CDR,
 P.O. Box 280, Norge, VA 23127
 Attn: Debbie C. or email to
 debbiec@cdr.org

What I liked about the training was . . .	Suggestions I have for improving the training are . . .
---	---

	 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		 3		 5
	2		4	

THANK YOU!