

Charting the Professional Development Course of Infant & Toddler Caregivers

Webinar Evaluation

**Indicates required information*

Date of Webinar: 5/17/18

*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 **June 1, 2018** to Debbie C.
by fax 757-378-2791 or mail to CDR,
P.O. Box 280, Norge, VA 23127
Attn: Debbie C. or email to
debbiec@cdr.org

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

| |  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!