

Trauma-Informed Care for Infants & Toddlers

Webinar Evaluation

**Indicates required information*

Date of Webinar: 10/25/18

*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 **Nov. 9, 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>
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	 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? If yes, please tell us how.....	1	2	3	4	5

Overall Rating Of This Training:				
 1	2	 3	4	 5

THANK YOU!

Check here if you are interested in receiving follow-up support to this webinar.