## **Session Evaluation Form**

Please take a moment to provide feedback on the training that you received. Check the box that corresponds in your opinion to each statement or check N/A if not applicable. Please add any additional comments that you may have at the bottom of the page. When the survey is completed, leave it with your trainer.

Location: Date:	Date:				
Program Affiliation (check one);  ☐ Head Start ☐ Early Head Start ☐ Child Care ☐ Other (please list)					
Position (check one):					
□ Administrator □ Education Coordinator □ Disability Coordinator □ Mental Health Consultant					
□ Teacher □ Teacher Assistant □ Other (please list)					
Please put an "X" in the box that best describes your opinion as a result of attending this training	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
(1) I have increased my understanding of the importance of my relationships with the infants, toddlers and families I care for.					
(2) I can describe the importance of being intentional about supporting the social emotional competence of infants and toddlers.					
(3) I have increased my understanding of the impact of the environment on the opportunity that infants and toddlers have to expand their social and emotional skills.					
(4) I have increased my appreciation of the importance of using caregiving routines to support the social emotional development of infants and toddlers.					
(5) I can define social emotional literacy and describe the kinds of interactions with infants and toddlers that will support the growth their social emotional literacy.					
(6) I have increased my awareness of strategies that can be used to build social emotional skills in infants and toddlers.					
Please respond to the following questions regarding this training:  (8) The best features of this training session were					
(9) My suggestions for improvement are					
(10) Other comments and reactions I wish to offer (please use the back of this form forextra space):					