



Evaluation



DIRECTIONS: Please take a moment to provide feedback on the training that you received. Check the box that corresponds to your opinion for 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:** _____

Program Affiliation (check one):

- Head Start Early Head Start Child Care Other (please list) _____

Position (check one):

- Administrator Mental Health Teacher Assistant
 Education Coordinator Consultant Other (please list) _____
 Disability Coordinator Teacher _____

Please put an "X" in the box that best describes your opinion as a result of attending this training:

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
(1) I have increased my knowledge of ways to support social emotional development through parent-child interaction in parent-child groups and home visits.					
(2) I have increased my understanding of the PIWI Model and Philosophy.					
(3) I have increased my ability to support the social emotional competence of dyads through the use of dyadic strategies, triadic strategies and developmental observation topics.					
(4) I can describe strategies that I can use to strengthen and enhance my current practices.					
(5) I can describe how the components of the PIWI Model work together in the implementation process.					

Please respond to the following questions regarding this training:

(6) The best features of this training session were...

(7) Suggestions for improvement...

(8) Other comments and reactions I wish to offer *(please use the back of this form for extra space):*