

location: _____

date: _____



Handout #13

session evaluation form

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.

Program Affiliation (check one):

☐ Head Start ☐ Early Head Start ☐ School District ☐ Child Care ☐ Other: _____

Position (check one):

☐ Administrator ☐ Education Coordinator ☐ Disability Coordinator ☐ Mental health Consultant
☐ Teacher ☐ Assistant Teacher ☐ Early Childhood Special Education Teacher ☐ Other: _____

Years in position (check one):

☐ 0-3 years ☐ 3-5 years ☐ 5-10 years ☐ more than 10 years

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 learned more about the IEP					
2. I have learned more about the development of the IEP					
3. I have learned more about the head Start teacher's role in the IEP development and implementation					
4. I have learned more about how to use the IEP in the classroom					

Please respond to the following questions regarding this training:

The best features of this training session were...

Suggestions for improvement...