Session 2 Handout 2.5

Handout 2.5: Session 2 Evaluation Form

Instructor:	Date:
Program Affiliation	
In which type(s) of early childhood setting(s	s) do you currently work? (Please check all that apply.)
Family Child Care Program Center-Based Program Public Preschool Program Private Preschool Program Public Kindergarten Program Private Kindergarten Program Early Head Start Program Head Start Program Out-Of-School Time Program Other	
What is your current position? (Please chee	ck all that apply.)
Program Director Assistant Program Director Team Leader Supervisor Service Coordinator RCP Coordinator Social Worker Developmental Specialist Speech Language Pathologist Physical Therapist Occupational Therapist	Mental Health Clinician Nurse Psychologist Infant Teacher Toddler Teacher Preschool Teacher Family Child Care Provider Family Child Care Assistant Lead Teacher Teacher Assistant Teacher
Educator	Para-Professional

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Measuring Learning Outcomes

Below are the learning outcomes for this session. Please read each learning outcome below. Then **place an X in the box** that you feel best describes how well the learning outcomes (what you have learned or what will change as a result of your experience in this training session) have been met. **Please choose ONE answer (only put one X) for each learning outcome/row.**

Learning Outcomes	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Session 2				
I am able to describe the importance of building relationships with infants and young children.				
I am able to describe what is meant by "attachment" in social emotional development.				
I am able to identify strategies for building nurturing and responsive relationships with young children.				

	Please respond to	the following	questions re	garding	this training	session:
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Suggestions for improvement:

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