

## Handout 5.10: Session 5 Evaluation Form

**Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Program Affiliation

In which type(s) of early childhood setting(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 \_\_\_\_\_

### Position

What is your current position? (Please check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Program Director            | <input type="checkbox"/> Mental Health Clinician     |
| <input type="checkbox"/> Assistant Program Director  | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Team Leader                 | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Supervisor                  | <input type="checkbox"/> Infant Teacher              |
| <input type="checkbox"/> Service Coordinator         | <input type="checkbox"/> Toddler Teacher             |
| <input type="checkbox"/> RCP Coordinator             | <input type="checkbox"/> Preschool Teacher           |
| <input type="checkbox"/> Social Worker               | <input type="checkbox"/> Family Child Care Provider  |
| <input type="checkbox"/> Developmental Specialist    | <input type="checkbox"/> Family Child Care Assistant |
| <input type="checkbox"/> Speech Language Pathologist | <input type="checkbox"/> Lead Teacher                |
| <input type="checkbox"/> Physical Therapist          | <input type="checkbox"/> Teacher                     |
| <input type="checkbox"/> Occupational Therapist      | <input type="checkbox"/> Assistant Teacher           |
| <input type="checkbox"/> Educator                    | <input type="checkbox"/> Para-Professional           |

**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
<b>Session 5</b>				
I can summarize how infants' and toddlers' abilities to regulate their emotional states, children's social emotional development, and later school success are associated.				
I am able to describe <b>why</b> it is important to be intentional about teaching social emotional skills and <b>when</b> to teach these skills.				
I am able to identify strategies for <b>how</b> to teach friendship, problem-solving, impulse and anger control skills.				

**Please respond to the following questions regarding this training session:**

The best features of this training session were:

Suggestions for improvement:

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