

Receive a Certificate of In Service Participation when viewing and evaluating this program

Please take a moment to provide feedback on this Apples Video Magazine. With each Apples evaluation form returned to STARNET, a personalized certificate that prives in service participation may be requested. Simply print and fax/send the completed form to:

Fax: (309) 298-2305

Or

Mail: Apples Evaluation STARNET, Regions I & III Center for Best Practices in Early Childhood Horrabin Hall 32, WIU 1 University Circle Macomb, Illinois 61455

Certificates are great resume builders for professional staff and students. For Illinois Early Intervention Credit information, visit <u>www.illinoiseitraining.org</u> or call (708) 444-8460



APPLES VIDEO MAGAZINE EVALUATION

DIRECTIONS: Please take a moment to provide feedback on the Apples Video Magazine that you viewed. 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, return it to: STARNET Regions I & III, Center for Best Practices in Early Childhood, WIU, 1 University Circle, Horrabin Hall, Macomb, IL 61455. Your input is being collected for the STARNET and ISBE evaluations.

#160 The Extinction of Play

Presented by Dan Hodgins • January 17, 2008

This training opportunity supports linkages to the following:

Illinois Teaching Standard: Instructional Delivery: The teacher understands and uses a variety of instructional strategies to encourage students' development of critical thinking, problem solving, and performance skills. Illinois Early Learning Standard: This topic is applicable to all of the Illinois Early Learning Standards.

Program or setting with which you have primary affiliation / program child attends (please check only one option):

o Child Care o Community Preschool o Early Intervention o ECSE o Blended ECSE/Pre-K o Even Start o Head Start o K-3 o Model Parental Training o State Pre-K o State Prevention Initiative o 1/2 Day ECSE/1/2 Day Pre-K o Other _____

Position (check one):

o Administrator o Developmental Specialist (EI) o Family Member- age of your child ______ o Family Educator o Teacher o Teacher Assistant o OT/PT o Psychologist o Service Coord. (EI) o SLP o Social Worker o Other _____

Date Apples Video Magazine was Viewed:

Please put an "X" in the box that best describes your opinion.			Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	N/A	
1)	I increased my knowledge as a result of viewing this Apples Video Magazine.								
2)	I have increased my abilities to help my child's education and development or other children's education and development.								
3)	This program is applicable to the knowledge and skills needed for my work (certification, endorsement, or teaching assignment).								
4)	The relevance of this activity to the ISBE teaching standard listed above was clear.								
5)	It was clear that the activity was presented by a person(s) with education and experience in the subject matter.								
6)	Material was presented in an organized, easily understood manner.								
7)	The program handout included discussion, critique, or application of what was presented, observed, learned, or demonstrated.								
8)	I have increased my knowledge and ability to access information, resources, and/or support networks.								
9)	Overall, this program was beneficial.								
Ple	ease respond to the following:	d like to receive a certificate of participation.							
10)	The best feature of this Apples Video Magazine was:	Name							
		the address below is my o home o business address.							
11)	Suggestions for improvement?	Address							
		City	State Zip						
10	Other comments and reactions luvish to offer	Home Ph			Busin	ess Ph			

Fax

District/Agency ____

Email

I live in _____ county. I work in ____

county

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