



Session Title: _____

Date of presentation: _____

Name of Presenter: _____

Thank you for participating. We are always striving to improve our programs and services. Please take a moment to tell us how we did by completing the survey below.

Your ROLE (please check one AND provide your professional title):

- Director Teacher/Caregiver Education Manager Family Services Manager
 Fiscal Manager Health Manager Health/Mental Health/Disabilities Family Services
 Home Visitor T/TA Policy Council/Governing Body Parent
 Other _____

Professional Title: _____ Years in this role _____

Content and Relevance	Strongly Disagree 1	Mostly Disagree 2	Disagree a Little 3	Agree a Little 4	Mostly Agree 5	Strongly Agree 6
Presentation deepened my knowledge of the topic presented.						
I plan to share what I learned with others.						

Objectives	Strongly Disagree 1	Mostly Disagree 2	Disagree a Little 3	Agree a Little 4	Mostly Agree 5	Strongly Agree 6
The presentation was appropriate for my role.						
Attending this session increased my understanding of mental health consultation in Head Start						
Attending this session increased my knowledge of the Head Start performance standards related to mental health consultation						

Identify one concept or skill that you learned that you will use in your work:

Presenter	Strongly Disagree 1	Mostly Disagree 2	Disagree a Little 3	Agree a Little 4	Mostly Agree 5	Strongly Agree 6

Presenter was knowledgeable in content areas.						
Presenter clarified content in response to questions.						

Documents and Materials (if applicable)	Strongly Disagree 1	Mostly Disagree 2	Disagree a Little 3	Agree a Little 4	Mostly Agree 5	Strongly Agree 6
I found the presentation materials easy to read and understand.						
I received materials that will be useful to me, my staff, or my program.						

Overall Satisfaction	Strongly Disagree 1	Mostly Disagree 2	Disagree a Little 3	Agree a Little 4	Mostly Agree 5	Strongly Agree 6
The presentation met or exceeded my expectations.						

Additional Comments: (Please indicate any additional thoughts, questions, or suggestions)

Would you be willing to share additional feedback?

- Yes No

If yes, please provide your email address: _____

*Your Name: _____

*Optional. The information you provide on this survey will be anonymous. No participants will be individually identified.



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