

STARS Training Evaluation Form

Return to your trainer or mail to STARS at WAEYC, Attn: Trainer Services
841 N. Central Ave. #206 Kent, WA 98032 (253) 854-2565 x15 (800) 727-3107 x15

Title of Training _____ Today's Date _____

Trainer's Name _____

Your Name (Optional) _____ Years of Experience _____

Type of Program: home ___ center ___ school-age ___ other _____

Please rate the following: **4 = strongly agree** **1 = strongly disagree**

Trainer is knowledgeable about topic 4 3 2 1

Materials provided were useful 4 3 2 1

Information was presented in a way that honored my learning style and culture 4 3 2 1

I can apply this information to the diversity of families I serve 4 3 2 1

I increased my knowledge as a result of taking this training 4 3 2 1

Please list 3 ways you will use this information in your work with children and/or families.

1.

2.

3.

What else do you want to tell the trainer?

Thank you for completing this evaluation.