



STARS Training Evaluation Form

Title of Training _____ Today's Date _____

Trainer's Name _____ Your Name (Optional) _____ Years of Experience _____

Type of Program: Center ____ School-Age ____ Family ____ Other _____

Please rate the following: 4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree

1. Trainer is knowledgeable about topic	4	3	2	1
2. The content provided matched the training description	4	3	2	1
3. The content and methods of instruction honor my learning style and culture	4	3	2	1
4. I can apply this information to the diversity of families I serve	4	3	2	1
5. I increased my knowledge as a result of taking this training	4	3	2	1

**If you marked 1 (strongly disagree) or 2 (disagree) please comment.*

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

Please list some ways you think this training could be improved.

For a future training, what topic(s) are you looking for? (Circle all that apply)

Administration Child Growth, Development & Learning Child Guidance Communication
 Cultural & Individual Diversity Curriculum Development Environmental Design Family Systems
 Health, Safety and Nutrition Observation & Assessment Professionalism

What else do you want to tell the trainer?

Thank you for completing this evaluation! Please leave it with the trainer.

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