



Pennsylvania Keys to Professional Development

Trainee Evaluation Form

Training Code:	For Office Use Only
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Please take a few minutes to answer these questions. What you tell us about the training is important and your personal responses will not be reported. Only a summary of all responses will be given to the trainer.

Title of Training:	Trainer Name:
Training Site:	Date of Training:

1. How clearly were the goals of this training stated?

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very clearly | <input type="checkbox"/> Somewhat |
| <input type="checkbox"/> A little | <input type="checkbox"/> Not at all |

Please write your comments here:

2. Based on the training goals, how much did you learn?

- | | |
|-----------------------------------|-------------------------------|
| <input type="checkbox"/> A lot | <input type="checkbox"/> Some |
| <input type="checkbox"/> A little | <input type="checkbox"/> None |

3. The level of this training was...

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Too hard | <input type="checkbox"/> Somewhat hard |
| <input type="checkbox"/> Just right | <input type="checkbox"/> Too easy |

4. Why did you select this training? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Director recommended | <input type="checkbox"/> Meet STARS requirement |
| <input type="checkbox"/> Training need from PDR | <input type="checkbox"/> Meets 6-hour DPW requirement |
| <input type="checkbox"/> Personal convenience (location, time, etc.) | |

5. How much will you be able to use what you learned in your child care work?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> A lot | <input type="checkbox"/> Some |
| <input type="checkbox"/> A little | <input type="checkbox"/> Not at all |

6. Would you tell others to take this training?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
|------------------------------|-----------------------------|-------------------------------------|

7. How would you rate this trainer?

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

8. How would you rate this training?

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

9. The most important thing(s) that I have learned in this training are:

10. I need training in the following areas: Check all that apply, for each item checked, please write the specific topics in the space provided and specify the level of training needed:

CBK Content Area	Specific Topics	Beginning	Developing	Mastery
<input type="checkbox"/> Child Growth & Development	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> The Environment, Curriculum, & Content	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Families in Society	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Assessment	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Communication	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Professionalism & Leadership	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Healthy, Safety, & Nutrition	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Organization & Administration	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>