

**Vermont's Professional Development System
for Early Childhood and Afterschool
Fundamentals Training Evaluation Form**

Date: _____

Instructor Name(s): _____

Location: _____

As a participant in the Fundamentals for Early Childhood Professionals class you will fill out a comprehensive evaluation survey that Northern Lights will use to plan, evaluate and improve the Fundamentals class/ curriculum.

To comply with the Vermont Child Development Division's state-wide evaluation program we also ask that you fill out this short evaluation form. This evaluation will be included in the Child Development Division's state-wide professional development data base.

We appreciate your help. Your feedback is important!

Please let us know how much you agree with the following statements regarding this training:	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
I gained new knowledge by attending this training.					
I will apply what I learned in this training in my program.					
The instructor was clear about the objectives of the training.					
The objectives of the training were met.					
I would attend another training provided by this instructor.					

As a result of this training, what is one thing you plan to do new or differently in your program?

Thank you for your feedback!