

IdahoSTARS Approved Training Evaluation

Name (optional):	Date:
Training Title:	City:
Presenter:	Region:

Years employed in Early Care and Education

Are you a: (check **only** one)

- Relative Provider (Family Member over 18 to the child)
- Family Child Care (1-6 children)
- Group Child Care (7-12 children)
- Center Child Care (13+ children)
- In Child's Home **Only**
- Preschool **Only**

Ethnic Group:

- Caucasian/White
- African American
- Hispanic
- Asian
- American Indian
- Other (please specify) _____

How did you hear about and/or get information on this training?

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> IdahoSTARS Newsletter <input type="checkbox"/> IdahoSTARS Website <input type="checkbox"/> Word of Mouth/From Another Person <input type="checkbox"/> Postal Mail | <ul style="list-style-type: none"> <input type="checkbox"/> Email Announcement <input type="checkbox"/> Announcement at Another Training/Conference <input type="checkbox"/> Other Agency/Organization |
|---|---|

Mark the box that corresponds with your level of satisfaction with the following:	Highly Satisfied	Satisfied	Somewhat Satisfied	Not At All Satisfied
1. The presenter's knowledge about the topic				
2. The presenter's willingness to answer questions				
3. The usefulness of the handouts				
4. The time and day of the training				
5. The training overall				
	Expert	Good	Minimal	None
6. My level of knowledge on this topic before the training:				
7. My level of knowledge on this topic after the training:				

- **What did you like best or find most useful about this training?**

- **What would make this training better?**

- **What other training needs do you have?**

- **Additional comments:**