

DIRECTIONS: Please take a moment to provide feedback on the training that you received. Check the box that corresponds to your opinion for each statement or check N/A if not applicable. Please add any additional comments that you may have at the bottom of the page. When the survey is completed, leave it with your trainer.

Location: _____ **Date:** _____

Program Affiliation (check one):

- Head Start Early Head Start Child Care Other (please list)

Position (check one):

- Administrator Education Coordinator Disability Coordinator Mental Health Consultant
 Teacher Teacher Assistant Other (please list) _____

Please put an "X" in the box that best describes your opinion as a result of attending this training...	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
(1) I have increased my knowledge about children’s social and emotional development.					
(2) I have increased my comfort and confidence in working with children with challenging behaviors.					
(3) I have increased my understanding about the forms and function of communication.					
(4) I can identify the behavioral mechanisms that contribute to viewing challenging behavior as a form of communication					
(5) I learned new methods that may be used to determine the function of challenging behavior.					
(6) I increased my skills in using interview and observation data to determine the communicative function of challenging behavior.					
(7) I am able to develop a behavior hypothesis from functional assessment information.					

Please respond to the following questions regarding this training:

- (8) The best features of this training session were...
- (9) Suggestions for improvement...
- (10) Other comments and reactions I wish to offer *(please use the back of this form for extra space):*