

Facilitator:

1. Indicate your level of agreement with the following statements about today's training:

	Strongly Agree	Agree	Disagree	Strongly Disagree
The objectives of this training were clear to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facilitator was knowledgeable on the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The facilitator showed respect for participants' knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Self Reflection - Reflecting on your own participation in this workshop, indicate your level of agreement with these points:

	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt engaged in this training and/or learning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training will improve my ability to provide quality child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I increased my knowledge on this topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training helped me identify an area of my practice for ongoing growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to use what I learned today, in my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. One thing I learned today and will use in my work is:

4. Are you a (choose one only):

- Early Childhood Educator (I/T, SPN, Assistant)
- Student (ECE, Social Work, etc.)
- Family Child Care Provider (Lic. or Reg. LNR)
- School Age Child Care Provider
- Informal Family Child Care Provider (Unreg. LNR)

Other (please specify)

Please turn over

5. Do you live OR work in Vancouver?

Yes No

6. Other comments or suggestions?

Thank you!

Visit our website at www.wstcoast.org
Follow us on facebook, twitter and pinterest