



HSCI Assessing and Strengthening the Foundation Module

Session Evaluation Form

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.

Date: _____

Location: _____

Program Affiliation (check one):

- ☐ Head Start ☐ Early Head Start ☐ School District ☐ Parent
☐ Child Care ☐ Other _____

Position (check one):

- ☐ Administrator ☐ Education Coordinator ☐ Disability Coordinator
☐ Mental health Consultant ☐ Teacher ☐ Assistant Teacher
☐ Early Childhood Special Education Teacher
☐ Other _____

Years in position (check one):

- ☐ 0-3 years ☐ 3-5 years ☐ 5-10 years ☐ more than 10 years

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 learned more about the HSCI framework for teaching young children.					
2. I have learned more about how to assess the quality of my classroom.					
3. I understand how classroom arrangement and schedule play a part in classroom quality.					
4. I understand why and how to plan for transitions within the preschool classroom.					
5. I have learned more about how to increase social inclusion of children with special needs.					
6. I understand how staff scheduling or Zoning can be used throughout the school day to help with supervision, management and engagement.					

Please respond to the following questions regarding this training:

1. The most helpful features of this training session were...
2. Based on the information provided today what will you use within the next month? Please explain.
3. Some suggestions for improvement are...