



HSCI Curriculum Modifications and Adaptations 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 on the second page. When the survey is completed, please leave it with your trainer.

Date: _____

Location: _____

Program Affiliation (check one):

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

Position (check one):

- ☐ Administrator ☐ Education Coordinator
☐ Therapist ☐ Parent
☐ Teacher ☐ Assistant 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
I am able to identify eight different types of curriculum modifications and adaptations.					
This training showed me what curriculum modifications look like and ways that I can use them in my classroom.					
I have learned more about the importance of helping my students have greater access to the classroom curriculum through the use of curriculum modifications.					
I have learned more about how to identify what type of modification will work best for the particular problem my student is struggling with.					
I understand more about the importance of involving the whole team in this process.					

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 do you plan on using in your classroom within the next month? Please explain.
3. Suggestions for improvement...