



Early Math Workshop Evaluation

Date:	Training Location:	Trainer:	
Name: <i>(optional)</i>		Program:	
Please check the box that describes your role/roles:			
<input type="checkbox"/> Parent educator	<input type="checkbox"/> Special Ed teacher	<input type="checkbox"/> Family care provider	
<input type="checkbox"/> Child care provider	<input type="checkbox"/> Parent	<input type="checkbox"/> Student	
<input type="checkbox"/> K-3 teacher	<input type="checkbox"/> Supervisor/Director	<input type="checkbox"/> Other	
Years employed in Education/Early Education:			
How did you hear about this training?			
Mark the box that best describes your opinion about:	Excellent	Average	Poor
1. Presenter's knowledge of the topic			
2. Opportunity for questions			
3. Hand outs			
4. Hands-on activities			
5. How useful this will be in your job/program			
6. How engaging the training was			
	Expert	Average/Some	Novice/Little
7. My level of knowledge on early math and blocks BEFORE this training			
8. My level of knowledge AFTER this training			

What did you like most about this training?

What did you find most helpful to your learning?

What do you think would make this training better?

Additional comments: