

Arkansas Early Childhood Professional Development Evaluation

Professional Development Title _____

Site _____ City _____

Date _____ Trainer _____

This form will be electronically scored. Please mark your choice by **filling in** the corresponding circle. "●" Please do not "X" or "√" the circle.

Statistical Information:

Fill in the one that BEST describes your position:

- Director or Assistant Director
- Program Coordinator or Administrator
- Teaching Staff
- Program Support Staff
- Family Child Care Provider
- Other

Fill in the one that BEST describes the age group you work with:

- Infant/Toddler (6 wks- 2 ½ years old)
- Preschool (2 ½ –5 years old)
- School Age (6-12 years old)
- I do not work directly with children

I have been in the child care/early education profession: (Please fill in one)

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-30 years
- Over 30 years

Please rate the session using the scale below.

		Excellent	Satisfactory	Poor		
1.	The trainer was knowledgeable on this topic.	⑤	④	③	②	①
2.	The purpose of the session was clear.	⑤	④	③	②	①
3.	Information and activities met the purpose of the session.	⑤	④	③	②	①
4.	The session was interesting.	⑤	④	③	②	①
5.	The trainer was open, friendly, and encouraging.	⑤	④	③	②	①
6.	The overall rating of the session is...	⑤	④	③	②	①

Grievances and complaints must be submitted in writing within 30 days of training to: AECPPDS Registry, PO Box 808, State University, AR 72467