Training Follow-up Questions

Date: _____ Location: _____

Title of Training: _____

Presenter(s): _____

We'd like to know if what you learned at this event has been of use. Please take a moment to answer these few questions.

1. Have you implemented the strategies you learned?
   Not at All 1 2 3 4 5 Many Times

2. Did the strategies work well?
   Not at All 1 2 3 4 5 Many Times

3. Have you shared the strategies you learned with other professionals, practitioners, or parents?
   Not at All 1 2 3 4 5 Many Times

4. Which role best describes you in relation to the educational system?

   Teacher-SE Administrator-SE Parent/Family

   Teacher-GE Administrator-GE Paraprofessional

   Other Certificated Professional Other: _____

5. Please let us know any specific feedback you would like to give on what was useful and why, or barriers you encountered in implementing specific strategies.
   Thank you!