

STARS Training Evaluation Form

E-mail to support@PricelessParenting.com or mail to STARS at WAEYC, Attn: Trainer Services
841 N. Central Ave. #206 Kent, WA 98032 (253) 854-2565 x15 (800) 727-3107 x15

Title of Training: Priceless Parenting Course Today's Date _____

Trainer's Name: Kathy Slattengren

Your Name (Optional) _____ Years of Experience _____

Type of Program: Center _____ School-Age _____ Family _____ Other _____

Please rate the following:

4 = strongly agree

1 = strongly disagree

1. Trainer is knowledgeable about topic	4	3	2	1
2. The content provided matched the training description	4	3	2	1
3. The content and methods of instruction honor my learning style and culture	4	3	2	1
4. I can apply this information to the diversity of families I serve	4	3	2	1
5. I increased my knowledge as a result of taking this training	4	3	2	1

**If you marked 1 (strongly disagree) or 2 (disagree) please comment.*

6. Please list some ways you will use this information in your work with children and/or families.

7. Please list some ways you think this training could be improved.

8. For a future training, what topic(s) are you looking for? (Circle or highlight all that apply)

Administration Child Growth, Development & Learning Child Guidance Communication
Cultural & Individual Diversity Curriculum Development Environmental Design Family Systems
Health, Safety and Nutrition Observation & Assessment Professionalism

9. What else do you want to tell the trainer?

Thank you for completing this evaluation.