



# Training Video Questionnaire/Evaluation AEYC-SEA

Title and Number of Video: \_\_\_\_\_

Running Time: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

CDA Functional Area(s):

Please check the response that fits with your experience.

- My involvement with children is:
 

<input type="checkbox"/> Licensed Home Provider	<input type="checkbox"/> Preschool Staff
<input type="checkbox"/> Legally Exempt Home Provider	<input type="checkbox"/> Head Start Staff
<input type="checkbox"/> Licensed Child Care Center Staff	<input type="checkbox"/> ECE Trainer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Parent
  
- How would you rate this video?
 

<input type="checkbox"/> Very Helpful	<input type="checkbox"/> Other, or additional comments:
<input type="checkbox"/> Some Good Ideas	_____
<input type="checkbox"/> Not Great but Worth it	_____
<input type="checkbox"/> A Waste of Time	_____
  
- Were most of the ideas in the video clearly explained?
 

YES       NO

**Please use the other side and/or additional paper as needed for the following questions:**

- Please summarize the key ideas of the video.
  
- Specifically, what new ideas will you apply or what goals will you set for your program after watching this video?
  
- If you watched the video in a group, was the discussion following the video helpful? Why or why not?
  
- Please include any additional comments/questions you have, regarding the material covered in this video.

Certificate of Completion of ½ to 2 hours training (depending on running time of video) will be sent to you upon acceptable completion of questionnaire.

Please return questionnaire to: AEYC-SEA  
PO Box 22870  
Juneau, AK 99802