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!