**Participant Evaluation**

To be completed by preschool or early childhood teachers or people who work with young children after each class or class series.

**Name of Early Childhood Educator:**

**Name of School:**

**School Address:**

**Date: How long was the session? (In hours)**

**Please evaluate the Early Childhood Educator according to the following questions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No** | **Not at all** | **Very** | **A lot** |
| Did the facilitator demonstrate a working knowledge of the material presented? | 1 | 2 | 3 | 4 |
| Was the message clear? | 1 | 2 | 3 | 4 |
| Did the facilitator model Positive Discipline skills such as mutual respect and acceptance of different opinions? | 1 | 2 | 3 | 4 |

**Do you have any further comments or suggestions about the Early Childhood Educator?**

**CLASS CONTENT**

*The following questions will focus on the workshop content.*

**What activities were most impactful for you and why?**

**What experiences or concepts were most significant to your learning? (Any Aha moments?)**

**Participant Evaluation
CLASS CONTENT (continued)**

What is one thing you might change or rethink, as a result of these activities?

Would you recommend these activities to another Early Childhood Educator? Why or why not? What would you tell them?

**Any other comments?**

*Remember that your feedback is very helpful to the facilitator to improve his/her facilitation of the activity(ies).*