

Teacher Training Feedback Form 2011/2012



Please take the time to complete the following Teacher Training Feedback Form. The information gathered from this form will help us to ensure high quality teacher training practices.

****Please leave the completed form with the EDI Coordinator****

1. Which method are you using to complete the Early Development Instrument (EDI)?

- Paper questionnaires
- Electronic Computer based system (e-EDI)

2. Is this your first time completing the EDI?

- Yes No

3. Is this your first time receiving EDI teacher training?

- Yes No

**4. Were the following materials used/covered in today's teacher training session?
(Please mark all that apply)**

- | | |
|---|--|
| <input type="radio"/> EDI Video | <input type="radio"/> Past EDI Results |
| <input type="radio"/> Guest Speaker(s) | <input type="radio"/> Other |
| <input type="radio"/> History/Description of the EDI instrument | Please Specify _____ |

5. Please indicate the number you feel most appropriately describes the following:

CONTENT

	Excellent		Good		Poor
How relevant was the content?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Quality of presentations	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
How clearly was the material presented?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Usefulness of handouts?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

PROCESS

How well was this session organized?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Opportunity for questions?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Opportunity for discussion?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Opportunity for interaction with other teachers?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

OVERALL ASSESSMENT

How would you rate this session overall?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
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***Teacher Training Feedback Form
2010/2011***

Please describe what you found most beneficial in today's teacher training session:

Thank you for your time!!

