



Every child belongs

TRAINING FEEDBACK & PLANNING FORM

Date of Training: _____

Topic: _____

What Were The Stated Training Objectives: _____

Did Today's Training Achieve The Stated Objectives: YES

If NO, please explain why?

Will This Training Improve Your Ability to Meet The Needs of Children in Your Childcare Centre:

Yes No

In what way? _____

To help us plan future training opportunities we would appreciate your input on what training topics are most important to your career success:

- 1.
- 2.
- 3.

Supervisors: Your input will help us to offer the training most critical to the success of your Centre. Please take a moment and let us know which training topics would be of greatest value to your staff?

- 1.
- 2.
- 3.