

Self-Education Unit Feedback-Unit 1.

We would like your feedback about this self-guided education unit on the **Science of Early Brain Development**. Please answer the following questions honestly and to the best of your ability. Your feedback is greatly appreciated!

Date of Training: _____

Which training materials did you use? (check all that apply):

1. Core Concepts in the Science of Early Childhood Development _____
2. Three Core Concepts in Early Development _____
3. Building Better Brains-the Core Story of EBCD _____
4. Science in Seconds: Early Brain Development _____

Please circle the response below that best describes your agreement with the item from “Strongly Disagree” to “Strongly Agree”:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The training was easy to follow.	1	2	3	4
2. The training materials were clear and easy to understand.	1	2	3	4
3. I was very satisfied with the training content.	1	2	3	4
4. The information presented was clear and easy to understand.	1	2	3	4
5. I can apply what I learned at the training in my work.	1	2	3	4
6. I can apply what I learned at the training in my personal life.	1	2	3	4
7. As a result of attending this training, I will be more effective in my job or as a parent.	1	2	3	4

What were the most useful things that you learned from this training?

What were the least useful things that you learned from this training?

(continue on back)

What questions do you still have about?

What improvements would you suggest for future trainings?

Please circle the primary role you have with young children below:

Home Visitor

Health Care Provider

Early Childhood Educator

Other, please specify: _____

Child Care Provider

Child Welfare Provider

Parent/Caregiver

What is your work setting? Circle the most appropriate:

Home visiting program

Hospital

Family day care home

Child welfare agency

Other, please specify: _____

Primary care office/clinic

Child care center

Preschool/Head Start program

Early Intervention program

What county do you live in? _____

What county do you work in? _____

Thank you for taking the time to provide feedback about this training!

Please complete this form and return it to Mary Mueller at: MuellerM1@michigan.gov OR

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