

MNCPD

Trainer Name

Event ID#

Course Name



Mark as shown: Please complete the form by placing an 'X' in the corresponding square.

Correction: To make a correction, completely fill the square of the incorrect choice, and place an 'X' in the correct response.

Instructions: Thank you for completing the PLAT. One of the goals of the Minnesota Professional Development System is continuous quality improvement. The PLAT provides us with important feedback about your learning experience. We use these data to assess trainer and training effectiveness. The demographic information provides us with data useful for planning future training events. We do not ask you to reveal your identity on this form, so your responses to the PLAT questions will remain anonymous. Please use black or blue ink pen.

A. Demographic Information

1. What county do you live in?

2. Fill in the one that BEST describes your position/affiliation?

- | | | |
|---|--|--|
| <input type="checkbox"/> Licensed Family Child Care | <input type="checkbox"/> Center or Preschool | <input type="checkbox"/> Family, Friend, or Neighbor |
| <input type="checkbox"/> School Age Care | <input type="checkbox"/> Head Start | <input type="checkbox"/> ECFE |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Home Visitor | <input type="checkbox"/> ECSE |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Other | |

3. Fill in the one that BEST describes the age group you work with:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Infant/ Toddler | <input type="checkbox"/> Preschool | <input type="checkbox"/> School Age |
| <input type="checkbox"/> Mixed - ages | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Other | |

4. Ethnicity (Optional): I consider myself to belong to the following ethnic (or racial) group (Please check only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Latino-Other |
| <input type="checkbox"/> African-Ethiopian | <input type="checkbox"/> Central or South American | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> African-Somali | <input type="checkbox"/> Chicano | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African-Sudanese | <input type="checkbox"/> European Immigrant | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> African-Other | <input type="checkbox"/> Hmong | <input type="checkbox"/> White/ European American |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Lao | <input type="checkbox"/> Non- Specified |
| <input type="checkbox"/> Asian-Other | | |

5. How did you hear about this training? (check all that apply).

- | | | |
|--|--|---|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> CCR&R Training Catalog | <input type="checkbox"/> MN Center for Professional Development website |
| <input type="checkbox"/> MNSTREAMS Website | <input type="checkbox"/> Media (newspaper, TV, radio) | |

B. Personal Learning Assessment

Learning Objectives: At the beginning of the training, the trainer listed the learning objectives for this training.

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | <i>Very Little</i> | <i>Some</i> | <i>Quite a Bit</i> | <i>A Lot</i> |
| 1. How well did you understand the objectives before the training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How well did you understand the objectives after the training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



B. Personal Learning Assessment [Continue]

3. What have you come to understand better as a result of the information shared in the training?

[Empty text box for response]

4. Based on the knowledge you learned in this training, list at least **TWO** new things you plan to do in your work with children:

[Empty text box for response]

C. Training Evaluation - To be answered after training

- 1. Training matched the course description and objectives.
- 2. Training handouts, materials, or resources were useful.
- 3. Training was organized and followed a logical sequence.
- 4. Trainer was knowledgeable on this topic.
- 5. Trainer encouraged active participation and interaction.
- 6. Trainer was respectful to my cultural background.
- 7. Trainer was sensitive to my individual needs.
- 8. This information will improve my work with children and families.
- 9. Overall I was satisfied with this training.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What would make this training better?

[Empty text box for response]

11. Please list other topics or specific training that you would like to take in the future.

[Empty text box for response]

Please do not write below this line

