Child Development Training Consortium
2010-2011 Student Evaluation

Circle current semester/term:  □ Summer ’10  □ Fall ’10  □ Winter ’11  □ Spring ’11

Instructions: Complete and return as indicated above.

1. Did you apply for, renew, or upgrade a Child Development Permit since August 1, 2010? (Check one)  ___ Yes  ___ No
   If no, go to question # 3.

2. Check the type of permit you applied for since August 1, 2010: (Check only one)
   □ First permit  □ Permit renewal  □ Upgraded to a higher level permit

3. If you hold a Child Development Permit, check the applicable box: (Check only one)
   □ Assistant  □ Master Teacher  □ Emergency
   □ Associate Teacher  □ Site Supervisor  □ Children’s Center Instructional  □ None
   □ Teacher  □ Program Director  □ Other (specify): __________________________

4. Approximately how many early childhood/child development units have you completed? (Check only one)
   □ 1 to 6  □ 7 to 12  □ 13 to 24  □ 25 to 40  □ 41 to 60  □ more than 60

5. In what areas have you improved since completing child development/early childhood courses? (Check all that apply)
   □ Adult Supervision  □ Community  □ Environments  □ Parents  □ Special Needs
   □ Administration  □ Curriculum  □ Inclusion  □ Preschool Programs
   □ Challenging Behaviors  □ Diversity  □ Infant/Toddler  □ Program Resources/Materials
   □ Child Development  □ Early Literacy  □ Leadership  □ School-Age Programs

6. Has the Child Development Training Consortium assisted you in reaching your career goals? (Check one)  ___ Yes  ___ No  ___ Not sure
   If yes, how?

7. Would you recommend the Child Development Training Consortium program to others? (Check one)  ___ Yes  ___ No
   If no, why not?

8. How did you find out about the Child Development Training Consortium? (Check all that apply)
   □ Academic counselor  □ Conference  □ Friend or student  □ Web site
   □ Co-worker  □ Employer  □ Newsletter
   □ College faculty  □ Financial aid counselor  □ Poster, flyer, brochure
   □ Other (specify): __________________________

9. What is the most important service you have received through the Child Development Training Consortium? (Check all that apply)
   □ Reimbursement of tuition costs  □ Access to a resource library  □ Personal/professional support
   □ Reimbursement of book costs  □ Access to special classes  □ Access to a textbook lending library
   □ Other (specify): __________________________

10. What is the biggest frustration you have experienced while participating in the Child Development Training Consortium?
    (Check all that apply)
    □ Insufficient reimbursement of tuition costs  □ Lack of information about the program
    □ Insufficient reimbursement of book costs  □ Difficulty obtaining a Participant Profile
    □ Difficulty accessing campus coordinator  □ Lack of support
    □ Other (specify): __________________________

11. Are you able to get the classes you need (topic, time, location, etc.) to reach your career goal? (Check one)  ___ Yes  ___ No
    If no, explain: ____________________________________________

12. What service would you like to see provided through the Child Development Training Consortium that is not currently available?
    ____________________________________________________________________________

13. Other comments or suggestions about the Child Development Training Consortium program (use an additional sheet if necessary):
    ____________________________________________________________________________