



Block Party Evaluation

Your completion of this evaluation is voluntary and confidential and implies your consent to participate. If you have any questions, please contact Jenny Wehmeier at 262-741-4951.

Directions: Please fill out this form by checking the appropriate columns.

Before the Training			Area of Knowledge	After the Training		
I know a lot about	I know some thing about	I know nothing about		I knew a lot about	I knew some thing about	I knew nothing about
			1. The benefits of block play.			
			2. The research supporting block play.			
			3. Using observation to take children's play to a higher level.			
			4. Importance of describing children's block play.			
			5. Use of props to extend children's block play.			

Has your interest in encouraging block play changed as a result of this training?

___ I am more interested. ___ My interest has not changed. ___ I am less interested.

Explain at least one idea you learned in this class that you are willing to try:

Directions: Please fill out this form by checking the appropriate columns.

About the Program	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The training workshop was well organized.					
The slide presentation was informative.					
The training handouts were useful.					
The group activities were helpful.					
The length of the workshop was just right.					

Type of program you are associated with: (Please circle all responses that apply)

Center-based Child Care

Home-based Child Care

Head Start

Preschool

Other: _____

6. I am interested in being added to the ___child care or ___parent email list to receive notices of upcoming programs and workshops. My email address is: