

Presenter Name(s): _____ Training Date(s): _____

Participant's District School: _____

City/State: _____ Position: _____

Program Training (please circle): Sondag System Essentials ● Let's Play Learn ● Sondag System 1 ● Sondag System 2

Participant's Name (Optional): _____

A. What did you like most about this training?

B. How can the presenter improve upon this training presentation?

C. Would you recommend this training to others? Yes No
Why or why not?

D. What type of follow-up would be helpful to you after this training? **(Please check one or more).**

- One-to-one, in-class coaching:**
Imagine Learning consultant observes the teacher and his/her students during the implementation of a Sondag System lesson. Imagine Learning consultant provides support through modeling and consultation to increase implementation fidelity.
- Small group coaching:**
Imagine Learning consultant engages a small group of Sondag System teachers and provides modeling and consultation to increase implementation fidelity.

Please rate questions below: 1/2 = Poor/Inadequate 3/4 = Satisfactory/Average 5 = Excellent/Exceeded Expectations

- | | Circle One |
|--|-------------------|
| 1. How well did the presenter motivate you through interactions and activities to further your understanding of the program? | 1 2 3 4 5 |
| 2. How relevant is the content delivered at this training? | 1 2 3 4 5 |
| 3. To what extent did this training meet your expectations? | 1 2 3 4 5 |
| 4. After engaging in training, how comfortable are you with delivering this program? | 1 2 3 4 5 |

What additional material would you like to have for your instructional setting?

Additional Comments:

Thank you for your feedback!