



Date _____

"The Best Care" Evaluation

A. As a result of "The Best Care"

1. My knowledge of effective child care practices has increased.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

2. I plan to do one or more new things to be a better child care provider and/or parent.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

3. If you plan to do something new, please describe what it is.

4. Contact information (if you are willing to participate in a brief follow-up evaluation):

- Name: _____
- E-mail address: _____
- Phone number: _____

(OVER)

B. Write the titles of the Best Care lessons you participated in today in the spaces below. Rate your understanding of those lesson topics both BEFORE and AFTER participating in the Best Care training.

Lesson Title:	My Understanding:							
	Before training				After training			
	Very Little	Some	Quite A Bit	A Lot	Very Little	Some	Quite A Bit	A Lot
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Tell us about you?

1. What is your age?

- Under 18 years
- 18 – 30 years
- 31 – 40 years
- 41 – 50 years
- 51 – 60 years
- 61 or older

2. I am: (Fill in ONE) Male Female

3. I am Hispanic/Latino: (Fill in ONE) Yes No

4. My race is: (Fill in ONE):

- Black/African-American
- Native-American
- Asian-American
- White
- Unknown
- Bi-racial/Other

5. My highest education level is: (Fill in ONE)

- Not a H.S. graduate
- H.S. graduate
- Associate Degree
- Bachelor’s Degree
- Graduate Degree

6. In what state and county do you live? _____