**Date: Course:**

**press f9**

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting Type** (*Please tick*): | | | |
| Childminder | □ | Day nursery | □ |
| Out of school/breakfast/holiday club | □ | Pre-school | □ |
| Children’s centre | □ | Pre-school (committee member) | □ |
| Children’s centre nursery | □ | Independent school | □ |
| Maintained school | □ | Other (please specify) | |

Please tick which quadrant you work in:

|  |  |  |
| --- | --- | --- |
| North East □ *(Colchester/Tendring)* | Mid □ *(Chelmsford/Braintree/Maldon)* | West □ *(Uttlesford/Harlow/Epping)* |
| South *(Castle Point/Rayleigh/Brentwood/Basildon)* □ | | Countywide □ |

Please tick one of the following:

□ This is the first time I have attended training on this topic.

□ I have previously attended training on this topic.

**Levels of confidence:**

Please complete this profile **before starting the training** sessions by circling where you feel your confidence level is for each of the following statements.

Please repeat the exercise **at the end of the training**- thank you.

1= no confidence 2= little confidence 3= some confidence 4= quite confident 5= very confident

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I feel confident that I… | **Pre – Course**  **Confidence level** |  | **Post- Course**  **Confidence level** |
| a) | have a sound understanding of the Mathematics specific area of learning. | ☹ 1 2 3 4 5 ☺ |  | ☹ 1 2 3 4 5 ☺ |
| b) | am able to support children's Mathematical learning effectively | ☹ 1 2 3 4 5 ☺ |  | ☹ 1 2 3 4 5 ☺ |
| c) | can provide the appropriate enabling environment to support children's learning. | ☹ 1 2 3 4 5 ☺ |  | ☹ 1 2 3 4 5 ☺ |
| d) |  | ☹ 1 2 3 4 5 ☺ |  | ☹ 1 2 3 4 5 ☺ |
| e) |  | ☹ 1 2 3 4 5 ☺ |  | ☹ 1 2 3 4 5 ☺ |

**Evaluation:**

We would be grateful if you would complete this evaluation form and pass back to the tutor **before** you leave the event, thank you.

Please tick: Poor = ☹ 1 2 3 4 5 ☺ = Excellent

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ELEMENT** | **QUESTION** | **1**  ☹ | **2** | **3** | **4** | **5**  ☺ | **FEEDBACK** |
| Booking process | Please rate your experience of the booking process and on-line confirmation |  |  |  |  |  |  |
| Facilities / Training room | Please rate the training venue and facilities |  |  |  |  |  |  |
| Content | How well did the course meet the Learning Outcomes? |  |  |  |  |  |  |
| Course materials | Please rate the usefulness of the resources |  |  |  |  |  |  |
| Tutor presentation | Please rate the training presentation and delivery? |  |  |  |  |  |  |
| Summary | Please rate the overall quality of the course |  |  |  |  |  |  |
| Programme | What was the most valuable part of the programme today and why? |  | | | | | |
| Programme | What was the least valuable part of the programme today and why? |  | | | | | |

|  |
| --- |
| What key information have you learned during this training? |
| How do you plan to apply this learning into your day to day work? |
| Any other comments about this training? |

Thank you for taking the time to complete this profile questionnaire and evaluation, Essex County Council Early Years and Childcare will only use this information for reporting and monitoring purposes.

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