**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.

*This document has been developed by Essex Early Years and Childcare as part of Essex County Council who retain the Intellectual Property Rights. It is protected by copyright and therefore may not be copied, distributed or reproduced without permission. © 2015*