Staff Training Survey -- Nebraska MEP

Date(s):_________ Location:______________________________ Training Title:__________________________________________

Administrator/Principal: [ ] Teacher: [ ] Paraprofessional: [ ] Recruiter: [ ] Family Educator: [ ] Other (specify):__________________________

Directions: Mark next to the number that best matches your opinion.

1. How relevant and informative was the training?

<table>
<thead>
<tr>
<th>Exceeds expectations</th>
<th>Satisfactory</th>
<th>Very little</th>
<th>Not at all</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

2. How applicable was the training to your work with migrant students?

<table>
<thead>
<tr>
<th>Exceeds expectations</th>
<th>Satisfactory</th>
<th>Very little</th>
<th>Not at all</th>
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<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. How useful were the materials provided at the training?

<table>
<thead>
<tr>
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<th>Not at all</th>
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</tr>
</tbody>
</table>

How will you use this training to improve services for Nebraska MEP students?

________________________________________________________________________________________

What recommendations do you have for future training?

________________________________________________________________________________________

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OPTIONAL Form 6