**A close up of a sign

Description automatically generated2021-22 Parent Training Evaluation**

**2021-22 Evaluación de la Capacitación Para los Padres**

**Nebraska Migrant Education Program (MEP)**

**Programa de Educación Migrante de Nebraska (MEP)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  **Fecha** |  | **Title**  **Título** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Please check your location:**  **Por favor indique su local:** |  | Alliance |  | ESU 9 |  | Grand Island |  | Lincoln | |  | Crete |  | ESU 13 |  | Head Start |  | Madison | |  | ESU 1 |  | ESU 15 |  | Kearney |  | Omaha | |  | ESU 7 |  | Fremont |  | Lexington |  |  |  |  | | --- | |  | |

**MEP Goal Area Addressed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **School Readiness** |  | **English Language Arts/Math** |  | **Graduation and Services to OSY** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grade level(s) of your child(ren):** |  | Preschool |  | K-8 |  | 9-12 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Poor** | **Good** | **Excellent** |
| **I thought this training was:** | → | 1 | 2 | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Not at all** | **Somewhat** | **A lot** |
| **To what extent did this activity increase your knowledge**  **of strategies for supporting your child’s learning/education?** | → | 1 | 2 | 3 |

**What did you learn at this training?**

|  |
| --- |
|  |

|  |
| --- |
|  |

**Enfoque de la capacitación:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Preparación para el kinder** |  | **Artes de Lenguaje en Inglés/ Matemáticas** |  | **Graduación y servicios para jóvenes que no asisten a la escuela** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grado(s) de sus niño(s):** |  | Pre-escolar |  | K-8 |  | 9-12 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Mala** | **Buena** | **Excelente** |
| **Esta capacitación fue:** | → | 1 | 2 | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Nada** | **Algo** | **Mucho** |
| **¿En qué medida esta actividad incrementó su conocimiento de estrategias para apoyar el aprendizaje/educación de su hijo?** | → | 1 | 2 | 3 |

**¿Qué aprendió en esta capacitación?**

|  |
| --- |
|  |