

## Positive Approaches to Challenging Behaviors Program Evaluation

Location: .....

Date: .....

1. Which of the following best reflects your level of satisfaction with the training received?

- ☐ Highly Satisfied
- ☐ Satisfied
- ☐ Somewhat Satisfied
- ☐ Not at all Satisfied

2. How would you rate your ability to take positive approaches to challenging behaviors before taking this training?

- ☐ Highly Capable
- ☐ Capable
- ☐ Somewhat Capable
- ☐ Not at all Capable

3. How would you rate your ability to take positive approaches to challenging behaviors after completing this training?

- ☐ Highly Capable
- ☐ Capable
- ☐ Somewhat Capable
- ☐ Not at all Capable

4. Are you currently participating in the MFP grant? ☐ Yes ☐ No ☐ Not sure

If not, please refer to the MFP contact information provided in the training binder to get in touch with us, or leave your contact information here if you would like us to contact you:

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5. Please name one or two important concepts you learned during this training.

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6. Do you have additional comments or questions?

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