The Predator Awareness Task Force

FINANCIAL SAFETY
Instructor Evaluation

Name (Optional) __________________________ Title (Teacher, Aide, Parent, Care provider) _______
Phone (Optional) __________________________ E-Mail (Optional) __________________________
Date of Training: _________________________ Number in attendance: ________________________
Circle Program Type: SDC, RSP, Full Inclusion, Adult Service Provider, Other: ____________________

Was this training cognitively and developmentally appropriate for your students/clients?  
[ ] Disagree  [ ] Agree

Overall this training was educational?  
[ ] Disagree  [ ] Agree

What we learned will help my students/clients be safer?  
[ ] Disagree  [ ] Agree

Would you be interested in another safety training developed for persons with special needs?  
[ ] Disagree  [ ] Agree

The most valuable components of this training were:

Suggestions for how this training could be improved:

What other topics would you like to see developed into training:

Other comments: