



New York State Office of Children and Family Services and
SUNY Early Childhood Education and Training Program

Webcast Co-trainer Feedback Form
“Town Hall Meeting: Child Abuse
and Maltreatment”
November 6, 2019

Please complete and return in the envelope provided. We appreciate your comments and suggestions.

Name of Co-trainer: _____

Site Name: _____ Site Number: _____

Daytime Phone Number: _____ Email Address: _____

1. Please rate the **Co-trainer Guide** for this webcast training. poor 1 2 3 4 5 excellent
Comments:

2. Please rate the **resource materials** provided to you for this webcast training. 1 2 3 4 5
Comments:

3. Please rate the **technical aspects of the broadcast** for this webcast training. 1 2 3 4 5
Comments:

a) Did you use a wired (Ethernet) or wireless (Wifi) connection to access the webcast? Wired Wireless

b) Which link did you use to view the webcast? Verizon YouTube

4. Please rate the **on-site activities** during this webcast training. 1 2 3 4 5
Comments:

5. Please rate participants **overall** satisfaction with this webcast training. 1 2 3 4 5
Comments:

6. What was **most effective** aspect of this webcast training?
Comments:

7. What was the **least effective** aspect of this webcast training?
Comments:

8. Do you want to be contacted by the SUNY Early Childhood Education and Training Program to discuss your comments? yes, at (_____)____ no

If you have other comments and suggestions to improve the webcasts, please use the reverse or attach additional pages.