**Greater Shepparton Best Start Program**

**Child and Family Vulnerability Guide Training**

**Sample Participant Evaluation Form**

**–** *to be adapted according to the type of training being delivered*

**DATE** .**....................................... Service Type** i.e. MCH/kinder **...................................................**

**NAME: (optional) .........................................................................................................................**

**Question 1. How would you rate your knowledge of child & family vulnerability factors BEFORE this training session?**

Very good **□** Good **□**

I have some knowledge of this area but need to learn more **□** I know very little about this **□**

**Question 2. How would you rate your capacity to monitor children experiencing vulnerability at your Centre/service BEFORE this training session?** *I.e. through the use of vulnerability alerts/your client data system reports*

Very good **□** Good **□** Average **□** Below average **□** Poor **□**

**Question 3. How useful do you think the Vulnerability Guide and associated resources would be in relation your work?**

I think this Guide would be an extremely useful tool **□**

The Guide has potential, but I have some reservations about how we would use it in our service **□**

Personally, I don’t find this a useful resource **□**

We already have a similar resource that suits our needs **□**

*Any additional comments?.....................................................................................................................*

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**Question 4. Would you use the Vulnerability Guide as part of your everyday work with vulnerable children and families e.g. as an ongoing reference/tool?**

Always **□** Most times **□** Sometimes **□** Never **□**

**Question 5. Do you consider that having all MCH Nurses/ ECEC educators in your centre/service trained in the use of the Guide would support consistent practice and an improved ‘system’ of identifying and working with vulnerable children and families?**

Yes **□** No **□** Not sure **□**

**Question 6. Do you think this training session increased your knowledge of child & family vulnerability/protective factors?**

Definitely – I learned a lot from this session **□**

Not really – I already felt knowledgeable in this area **□**

I already felt knowledgeable in this area but did learn some new information from this training **□**

I already felt knowledgeable in this area, but this training has made me think about ways I can improve my practice/service **□**

No - I don’t feel I know enough about child & family vulnerability but this training didn’t help me to increase my understanding **□**

**Question 7. Overall, what do you think of this training session?** *Tick all that apply.*

It was very useful and informative **□**

It has stimulated new learning for me **□**

I feel I have been introduced to some resources that can assist me to better identify and keep track of children experiencing vulnerability **□**

I feel I have gained something from this training but not as much as I expected to **□**

I really didn’t learn anything new **□**

It was disappointing. I don’t feel I gained much from attending **□**

This training gives me the confidence that we will be able to introduce these resources at our service **□**

**Question 8. What part of the training was MOST useful/valuable?**

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**Question 9: Any other comments?**

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**Thank you for taking the time to give us feedback – it is most appreciated!**