

**Leigh M. Zaleon Child Care Consultant, LLC**  
**Flexible Inservice Training®**  
**PO Box 17161**  
**Chapel Hill, North Carolina 27516**

DCD 0441 10 NCAC 3U.0708 G. S. 110-91(11) REV. 5/00
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**Evaluation of Authorized Inservice Training**

Training Event Title: **FIT® New Employee Orientation Training**

Trainer(s): **Leigh Zaleon**

Date:

Thank you for taking time to complete this evaluation. Your responses help us to evaluate professional development and training activities and your suggestions help us to improve them to better meet your needs.

	<b>Strongly Agree</b>		<b>Agree</b>		<b>Strongly Disagree</b>
<b>Rate the training session as follows:</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. The learning objectives of this session were made clear to me.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
2. The content, including audio visuals and handouts, related to the learning objectives.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
3. The information was presented clearly and in an organized way.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
4. The training provided me with new knowledge/skills.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
5. This style of training was easy and convenient to use.	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

**Respond to these statements:**

I would like future workshops in this format. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what would you want the training to cover?

I am interested in training on these subjects:	Comments/Suggestions:
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**NOTE TO SPONSOR: Retain for 3 years after training date.**

Mailing Instructions:

**To receive your training certificate you must:**

- Complete and print a copy of each self-test.  
**YOU MUST PRINT EACH SELF-TEST AS SOON AS YOU COMPLETE IT. IF YOU CLOSE THE WINDOW THAT WILL APPEAR AS YOU COMPLETE EACH TEST BEFORE YOU PRINT THE RESULTS THE TEST RESULTS WILL BE LOST AND YOU WILL HAVE TO RETAKE THE TEST IN ORDER TO PRINT. REMEMBER THAT YOU MUST ANSWER AT LEAST EIGHT (8) QUESTIONS CORRECTLY ON EACH TEST TO RECEIVE CREDIT.** If you answer less than eight (8) questions correctly, on any module you will be returned to the beginning of the module to review. You must take the test and answer eight (8) questions correctly to receive credit.
- Print a copy of the orientation training evaluation and complete it.
- Mail a copy of each test, the evaluation, and a \$10.00 processing fee to:  
Leigh M. Zaleon, Child Care Consultant  
Flexible Inservice Training®  
PO Box 17161  
Chapel Hill, NC 27516.
- Make checks payable to:  
Leigh M. Zaleon Child Care Consultant
- You will receive your certificate through the mail once your results have been processed.

Mail certificate to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Center: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please make all checks payable to Leigh M. Zaleon, Child Care Consultant**

Check One:

\_\_\_\_\_ I would like a Documentation of Orientation Certificate.

\_\_\_\_\_ I would like a certificate for five hours of in-service training.