



# FOLLOW-UP TRAINING EVALUATION FORM

## Developmental Screening Guidelines and Tools

***Please complete the following evaluation:***

1. My practice has incorporated Developmental Screening into the routine care that we provide:

Strongly agree 4	Agree 3	Disagree 2	Strongly disagree 1
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2. The flow chart has been helpful to my practice in identifying the appropriate steps to take when a child screens positive for developmental concerns:

Strongly agree 4	Agree 3	Disagree 2	Strongly disagree 1
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Please Describe:

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3. The resource binder has assisted my practice in the screening and referral process:

Strongly agree 4	Agree 3	Disagree 2	Strongly disagree 1
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Please Describe:

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4. My practice has been distributing the "Milestone Moments" booklet to patient's families:

Strongly agree 4	Agree 3	Disagree 2	Strongly disagree 1
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5. My practice ran out of and/or has re-ordered the "Milestone Moments" booklets:

Strongly agree 4	Agree 3	Disagree 2	Strongly disagree 1
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6. As a result of the material provided to my practice, my knowledge of community resources for children identified as having developmental concerns has increased:

Strongly agree	Agree	Disagree	Strongly disagree
4	3	2	1

7. As a result of the materials provided to my practice, we feel able to support our families with children with developmental concerns more fully:

Strongly agree	Agree	Disagree	Strongly disagree
4	3	2	1

8. As a result of the training and material provided to my practice, we feel more supported in connecting families to resources when a child has a developmental delay:

Strongly agree	Agree	Disagree	Strongly disagree
4	3	2	1

9. Other Comments:

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