



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 OFFICE OF COLLEGE AND CAREER READINESS - ASSESSMENT  
**TRAINING FEEDBACK**

DISTRICT NAME:	CONTACT NAME:
CONTACT EMAIL:	CONTACT PHONE:

**DIRECTIONS**

Indicate your agreement with each of the following statements by checking the appropriate box to the right of the statement. A space is provided at the bottom for any additional comments.

**ITEM AND RATING**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The overview session delivered the Dynamic Learning Maps information I expected to receive.					
2. The overview material was presented effectively.					
3. The pace of the training was satisfactory.					
4. The duration of the training was sufficient for the material covered.					
5. The trainers were knowledgeable.					
6. As a result of the training, I gained new knowledge applicable to my work.					
7. I am confident my students will be able to participate in the Dynamic Learning Maps instructional materials and assessments on their own or with my help.					
8. I feel like I now have a good initial introductory understanding of Dynamic Learning Maps.					
9. I plan to apply what I learned in this training.					
10. The trainers answered my questions satisfactorily.					
11. As a result of this training, I feel confident I will receive the tools and necessary training to be able to implement Dynamic Learning Maps instructional and assessment skills when the time comes.					

Comments or Questions:

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