



Link CCR&R Training Needs Assessment

Name (optional): _____ Phone Number (optional): _____

1. In which county to you provide Services (Check One):

- Boone Cabell Lincoln Logan Mason
Mingo Putnam Wayne Other (specify): _____

2. What type of care do you provide (Check One):

- Family Child Care FCC Facility Child Care Center HeadStart
Pre-K School Age Care Other (specify): _____

3. What is the most convenient time for you to attend training (Please check all that apply):

- Weekday mornings Weekday Afternoons Weekday Evenings Saturday
Other (specify): _____

4. Which type of training to you prefer (Check all that apply):

- Small Groups Large Groups Hands-On Lecture Modules
Other (specify): _____

5. What training topics would you be most interested in attending.

Please rank from 1-5 with one as your first choice.

- _____ Health, Safety and Nutrition (Universal Precautions, Child Abuse and Neglect, Healthy Habits, etc.)
_____ Curriculum (Math and Science, Literacy, Creative Expression of Art, etc.)
_____ Child Development (Physical, Cognitive, Social Emotional, Language, etc.)
_____ Age Specific (Infants/Toddlers, Pre School, School Age, etc.) Specify: _____
_____ Learning Environment (Environmental Design, Observation and Assessment, etc.)
_____ Developmentally Appropriate Guidance
_____ Program Management - Specify: _____
_____ Professionalism - Specify: _____

6. Please specify they type of training you are most in need of at this time. _____

7. Do you have any suggestions of free training space in your area that could accommodate at least 20 adults comfortable? _____

Comments or suggestions (Please use back or additional page, if needed):

Please return completed forms to Cristie Dunbar, Director, Link CCR&R, 611 7th Ave., Suite 100, Huntington, WV 25701
or fax to 304-697-4821

THANK YOU!

