

**EPISCOPAL CHILDREN’S SERVICES, INC.
CEUs for Early Childhood Educational Opportunities
CEU/In-service Application Form**

(Please print clearly for certificate accuracy)

Your Name:			
Center/School:		Title/Position:	
Center Mailing Address:			
City:	State:	Zip:	County:
Day Phone ()		Evening Phone ()	
E-mail Address:			
Event Name:		Date of Event:	
Event Time: _____ to _____		Number of CEUs:	
Presenter:			
Presenter Signature:			

PLEASE bring Forms 1 & 2 to the training session for which you would like a CEU/In-service Training Certificate. There is no additional fee for your CEU/In-service Training Certificate. *We must receive these forms to issue a certificate.

- **Please return forms 1 & 2 to the Presenter at the end of your training session. A CEU/In-service Training Certificate will be mailed to you at the Center Address above within 30 days.**

Requirements for Successful Completion of Event & Award of Certificate:

Episcopal Children’s Services will review your CEU/In-service application, Learning Experience Documentation and practicum, if assigned. Satisfactory completion of class is based on the receipt of a **completed** application (Form 1) and course evaluation & Learning Experience Documentation (Form 2). Upon successful completion, a CEU/In-service certificate will be issued and sent to you by mail. Participants who have not met satisfactory completion requirements will be notified by mail.

Reviewed By _____ Date Reviewed: _____ CEU Awarded _____

ECS Regional Training Institute Workshop Evaluation and Learning Experience Documentation

Event title: _____ Date: _____

Instructor: _____ Participant's name: _____

Session Rating:

Please circle the number that best describes your rating of this session with 5 being the highest rating and 1 being the lowest.

	Low				High
1. Overall, how do you rate the workshop?	1	2	3	4	5
2. The instructor was prepared and knowledgeable.	1	2	3	4	5
3. Materials were presented in an interesting and effective way.	1	2	3	4	5
4. I feel that I can apply the information provided in this session in my classroom.	1	2	3	4	5

Please respond to each question in **complete sentences** and be specific.

5. List the concepts you learned in this training:

2. What did you find most valuable in this training?

3. How do you plan to use your acquired skills? _____

4. Was the facility comfortable and appropriate for learning? (If no, please explain) _____

9. Additional topics you would like to see offered: _____

ADDITIONAL COMMENTS/SUGGESTIONS:

Please note: This evaluation is a way of making sure that the person in attendance gained valuable information that can be used by them in their job. If there is an area where you have rated this class or presenter a three or less, please give a short explanation. We will use this information in future classes and it would be most helpful in planning future training events. **Thank you for your time and comments.** 😊

Reviewed By _____ Date Reviewed: _____ CEU Awarded _____