

Ready To Learn Workshop Summary

Trainer's Name: _____

Trainer's Title: _____

Name of the Organization Served: _____

Date of the Training: _____

Title of the Workshop: _____

Location of the Workshop: _____

Please fill in all of the blanks below with the appropriate numbers, using the data from the Evaluation sheets.

Number of people who attended **AND** **Number of children ages 0-8 they service**

<input type="checkbox"/> Parents/guardians	—————→	<input type="checkbox"/>
<input type="checkbox"/> Child care provider	—————→	<input type="checkbox"/>
<input type="checkbox"/> Preschool educator	—————→	<input type="checkbox"/>
<input type="checkbox"/> K-3 Educator	—————→	<input type="checkbox"/>
<input type="checkbox"/> Librarian	—————→	<input type="checkbox"/>
<input type="checkbox"/> Head Start/Even Start Professional	—————→	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify, if possible)	—————→	<input type="checkbox"/>

Do ANY of the children above have any disabilities? YES NO

Are ANY of these children ages 2, 3, 4, or 5 years old? YES NO

Do ANY of these children live in rural areas? YES NO

What languages are spoken in any of these homes? _____