

Training and Development Needs Survey

Welcome to the Inspired Minds ECC Team! We are all in a different spot in our learning journeys as early childhood educators. Let's work together to develop a cohesive support system that helps YOU and your program *THRIVE!*

Please take a few minutes to complete this training and development needs survey and share your learning journey goals. Please submit this completed survey to your program lead/director.

Name: _____

Date: _____

The training topics I would be most interested in are:

1. _____
2. _____
3. _____

I would prefer the following delivery methods (select all that apply):

- In-person workshops Online workshops One-on-one coaching

I would benefit from follow up coaching support:

- YES! No thank you Not sure...

Days that work best for me are (select all that apply):

- Monday Thursday Saturday
 Tuesday Friday Sunday
 Wednesday

I learn best through (select all that apply):

- Visual learning – I prefer lots of pictures and visuals
 Auditory learning – I can easily listen and learn
 Hands-on learning – I need practice to learn
 Sharing and talking within communities of practice – Let me talk it out and share ideas

Signature: _____