

# SELF STUDY QUESTIONNAIRE

Provider Name: \_\_\_\_\_

Date(s) Material was Reviewed: \_\_\_\_\_

Title of Material: \_\_\_\_\_

Was this Material a (circle): Book          Video          Lecture          Other:\_\_\_\_\_

What was the length of the presentation? \_\_\_\_\_

Who was the Developer, Sponsor or Presenter: \_\_\_\_\_

Provide a brief description of the topics that were covered:

What were the learning objectives?

Please describe something that stood out for you such as an "ah-ha" moment, something that was new information to you or something that you may have disagreed with:

How do you feel you will be able to apply the information you learned to working with children in your care?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licenser Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**\*A separate form must be completed by each person for both to receive the credit.**