

FLORIDA STATE HIPPY TRAININGS 200X-0X

Workshop Survey

Name: _____
Title: _____
Agency: _____
County: _____

In order to meet your professional and programmatic needs, please conduct a brief SURVEY with your HIPPY staff of home visitors. Based on the results of your survey, please suggest some workshop topics (below) you wish to have covered during our Regional HIPPY Trainings. Please rank in order of preference with one (1) being most popular. The HIPPY T&TA Center will use the results to guide scheduling of training workshops. Remember, credentialing is an important issue for all early childhood educators.

1. _____
2. _____
3. _____
4. _____
5. _____

Please mail this form by September 30, 200X to:

*Dabaram Rampersad
HIPPY T&TA Center
University of South Florida MHC 2113-A
13301 Bruce B. Downs Blvd., Tampa, FL 33612*

or fax to: 813.974.6115

THANK YOU!