

STARS Conference Evaluation Form

Use this form for all conferences approved for STARS credit.

Conference Name: _____ Dates of Conference: _____

Name of organization sponsoring this conference: _____

Reference Number for this Conference: _____

YOUR INFORMATION

Name: _____ STARS ID #: _____

Home Mailing Address: _____
Street City State Zip

Home Phone: _____ Email: _____

Facility Name: _____ Business Phone: _____

Business Address: _____
Street City State Zip

Instructions:

1. Before you go, call STARS to make sure the conference you are attending is pre-approved. STARS staff will also provide you with the Reference Number for the conference.
2. You must submit a complete conference catalog or detailed agenda with your evaluation sheet. A conference catalog is a multi-page program that provides a listing of all the conference sessions, times of sessions, titles, program numbers, presenters and presenter biographies.
3. **CAUTION:** STARS awards credits in 30-minute increments. If you attend a session that is 1 hour and 15 minutes long, you will receive one hour of credit. If the session is 1 hour and 25 minutes long, you will receive 1.5 hours of credit. Sessions of less than 30 minutes will not generate credit.
4. On the evaluation form, list the name and number of the session (if provided) and the day and time as listed in the conference program.
5. List the sessions you attend in the order in which you attended them.
6. Provide the session information on the pink or gray line. Provide a short statement of what you learned in the white box below it. See the completion sample provided on the next page.
7. Incomplete evaluations packets will be returned to you without credit.

Office Use Only:

HNS:

ALE:

CGD:

C&D:

FCCR:

PBM:

P&L:



If you have questions, call 1.800.400.3999 or 1.307.772.9099

Email: info@wyostars.org Website: www.wyostars.org Fax: 307-463-9959

STARS 1401 Airport Parkway Ste 300, Cheyenne, WY 82001

Completion sample:

Conference Name: 2013 Child Care Conference Dates of Conference: March 25-27, 2013

Name of organization sponsoring this conference: The Child Care Workshop Company

| |
|---|
| Reference Number for this Conference: <u>000000</u> |
|---|

YOUR INFORMATION

Name: Sally Smith STARS ID #: 10000

Home Mailing Address: 123 My Street W. Spots, WY 82001
Street City State Zip

Home Phone: 307-000-0009 Email: ssmith@yahoo.com

Facility Name: Sunshine Place Business Phone: 307-000-0008

Business Address: 434 Main Street, Spots, WY 82001
Street City State Zip

Completion sample:

| Session Name (Copy the title exactly from the conference catalog.) | Session Number or page # (If provided) (Must match conference catalog) | Date and Time of Session | Length of Session in hours and minutes | Presenter | Office use only |
|--|---|--------------------------|--|---------------|-----------------|
| Infant and Toddler Developmental Play | 1a3 or Page 3 | 3/25 9 a.m. | 2 hrs | Donald Wesson | |
| This session provided techniques for interesting play opportunities I can put into practice in my program immediately. I learned more about how to support and encourage movement and exploration in very young children. | | | | | |
| Policies for Effective Parental Communication | 2b1 or Page 8 | 3/25 1 p.m. | 2 hrs | Marisa Clark | |
| This session provided excellent information I can use to improve my center policies to communicate better with parents about my expectations for their involvement in children's activities and our behavioral expectations for both children and parents. | | | | | |

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Please list the sessions of the conference you attended in the order in which they occurred during the conference.

| Session Name (Copy the title exactly from the conference catalog.) | Session Number (Must match conference catalog or agenda) | Date and Time of Session | Length of Session in hours and minutes | Presenter | Office use only |
|---|---|--------------------------|--|-----------|-----------------|
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Make a copy of this form for your records before sending the original to STARS.

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