



Positive Discipline Association

Developing Respectful Relationships

Parenting Class Evaluation

Facilitator(s) Name(s): _____

Start Date: _____ End Date: _____ Location (City/State/Country): _____

Facilitator(s):	Name: _____				Name: _____			
	No/not at all		Very/A lot		No/not at all		Very/A lot	
Did they know the material?	1	2	3	4	1	2	3	4
Was the message clear?	1	2	3	4	1	2	3	4
Did they model PD skills?	1	2	3	4	1	2	3	4

Comments/suggestions: _____

Class Content:

What part of the class was most effective for you and why?

What experiences or concepts were most significant to your learning? (Any AHAs?)

Would you recommend this to another parent? Why or why not? What would you tell them?

Do you think anything has changed in your home as a result of this class?

What kind of things are different? Do you like or dislike the changes?

Any other comments? (Remember your feedback is very helpful to us in knowing how to improve the class, and what to keep the same).

Sometimes we like to put together a fact sheet that uses quotes from people who took the class. May we quote you anonymously? (Circle one) Yes No

If you will let us use your name, that would be even better! (Print and sign your name below to indicate approval)

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