



FACE SHEET
For Classroom Work
(Submit one with each Classroom Work Evaluation)
Please Write Legibly

Type of classroom work (Check one): _____ My own classroom _____ Another Teacher's class

Name of Positive Discipline Trainer Candidate: _____

Contact Address: _____

Phone Number: _____

Email Address: _____

Starting Date of classroom work _____ Ending Date _____

Hours (best approximation) _____

Name of School _____ Location _____

Grade Level _____ Number of Students _____

Name and contact information for the person filling out the evaluation:

Name _____ Position _____

Email _____ Phone _____

Any special circumstances that the PDA administration should be aware of?

Comments on YOUR learning (e.g. What you would do differently next time, what really worked, what didn't work so well, etc.)