



EVALUATION FACE SHEET

For Parenting Classes

(Submit one with each set of Parenting Class Evaluations)

Please Write Legibly

Name of Positive Discipline Trainer Candidate: _____

Names of any and all other Facilitators: _____

Contact Address: _____

Phone Number: _____

Email Address: _____

Parent Classes: Start Date: _____ End Date: _____ Total Number of Sessions: _____

Hours Per Session: _____ Total Hours: _____ Location: _____

Format of class: closed enrollment _____ drop in _____

(Note: For certification, closed enrollment of a class of 8 or more is preferred.)

Number enrolled (total, including drop outs): _____

Number attending final session: _____

Number of evaluations submitted: _____ (Should be 100% of final session.)

For a specific target group? Yes _____ No _____

If yes, specify (check all that apply):

_____ Parents of children birth to three

_____ Parents of preschoolers

_____ Parents of school age

_____ Parents of teens

_____ Parents of high risk children/youth

_____ Other (specify): _____

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

During the training, what cultural groups were you aware of?

What cultural issues did you encounter?