**FACE SHEET**

**Submit one after each class or class series where you facilitate activities from the ECE Manual, as your applied practice, with the same group of preschool or early childhood teachers or people who work with young children.**

Name of Positive Discipline Trainer Candidate:

Contact Address:

Phone Number:

Email Address:

Name of School: Address:

Date(s) of Facilitation

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

**Comments on YOUR learning (e.g. what you would do differently next time, what worked well, what didn’t work so well)**