**CLASS SERIES EVALUATION**

**Event title:**

**Parent Educator:**

**Start date:**

**End date:**

**Class format:**

|  |  |
| --- | --- |
| Online |  |
| In-person |  |

**If you attended the parenting class in person, please let us know the location (City/State/Country).**

**How long was each session?**

*Please specify, in hours, how long each session lasted. For example: 2 hours.*

**Facilitator name(s):**

**Please evaluate the Parent Educator according to the following questions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No** | **Not at all** | **Very** | **A lot** |
| Did the facilitator demonstrate a working knowledge of the material presented? | 1 | 2 | 3 | 4 |
| Was the message clear? | 1 | 2 | 3 | 4 |
| Did the facilitator model Positive Discipline skills? | 1 | 2 | 3 | 4 |

**Co-facilitator name(s):**

**Please evaluate the Parent Educator according to the following questions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No** | **Not at all** | **Very** | **A lot** |
| Did the facilitator demonstrate a working knowledge of the material presented? | 1 | 2 | 3 | 4 |
| Was the message clear? | 1 | 2 | 3 | 4 |
| Did the facilitator model Positive Discipline skills? | 1 | 2 | 3 | 4 |

**Do you have any further comments or suggestions about the Parent Educator?**

**How did you find out about this parenting class?**

|  |  |
| --- | --- |
| Facilitator's Social Media |  |
| Positive Discipline Association website |  |
| Instagram (Positive Discipline Association) |  |
| Facebook (Positive Discipline Association) |  |
| Twitter (Positive Discipline Association) |  |
| Other (please specify) |  |

**CLASS CONTENT**

*The following questions will focus on the workshop content.*

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

**What experiences or concepts were most significant to your learning? (Any Aha moments?)**

**Would you recommend this parenting class 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 participating in this class? If so, what is 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?**

Yes / No

**If you will let us use your name, that would be better! Please write your name below to indicate approval.**