**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?