



EVALUATION FACE SHEET

For Parenting Classes

家长课堂评估表封面

(Submit one with each set of Parenting Class Evaluations)

Please Write Legibly

每期家长课堂只需要提交一份此封面文档，和家长课堂评估表一起提交，若是手写，请字迹清晰。

Name of Positive Discipline Trainer Candidate

导师候选人姓名: _____

Names of any and all other Facilitators

其他共同带领讲师姓名: _____

Contact Address

地址: _____

Phone Number

电话: _____

Email Address

电邮: _____

Parent Classes 家长课堂:

| Start Date 开始日期: | End Date 结束日期: | Total Number of Sessions 本期课程开展节数: |
|--------------------------|------------------|------------------------------------|
| _____ | _____ | _____ |
| Hours Per Session 每节课时长: | Total Hours 总时长: | Location 开课地点: |
| _____ | _____ | _____ |

Format of class 课程形式:

closed enrollment 提前报名人数 _____ drop in 临时加入人数 _____

(Note: For certification, closed enrollment of a class of 8 or more is preferred.) 注意 若要发放证书，每班提前报名 8 人或 8 人以上为佳

Number enrolled (total, including drop outs)

报名人数 (总数，包括中途退出者): _____

Number attending final session

最后一节课参加人数: _____

Number of evaluations submitted

提交评估表份数: _____ (Should be 100% of final session 与最后一节课人数一致.)

For a specific target group

是否为特定人群提供? Yes 是 _____ No 否 _____

If yes, specify (check all that apply) 如果是，请详细说明 (核对所有学员):

PO Box 888244 • Atlanta, GA 30356 • Phone: 866-767-3472 • Fax: 855-415-2477

E-Mail: ACT@positivediscipline.org • Web: www.positivediscipline.org

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- _____ Parents of children birth to three 0-3 岁儿童的家长
- _____ Parents of preschoolers 学龄前儿童的家长
- _____ Parents of school age 学龄儿童的家长
- _____ Parents of teens 青少年的家长
- _____ Parents of high risk children/youth 高风险儿童/青少年的家长
- _____ Other (specify)
其他类型家长（请
详细注明）： _____

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

评价您自己的学习情况（如：您下一次将如何做得有所不同，哪些部分是有效的，哪些部分无效的，等等）

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

培训期间，您意识到这是一个什么样的文化群体？

What cultural issues did you encounter?

您遇到了什么样的文化事件或问题？