**FACE SHEET**

**For Classroom Work**

(Submit one with each Classroom Work Evaluation)

Please Write Legibly

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of classroom work (Check one): | | | | | |  | My own classroom | | | | | |  | Another Teacher’s class | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Name of Positive Discipline Trainer Candidate: | | |  | | Contact Address: | |  | | | Phone Number: | |  | | | Email Address: |  | | | | | | | | | | | | | | | | | | | |
| Starting Date of classroom work | | | | |  | | | | | | | Ending Date | | | |  |
| Hours (best approximation) | | | |  | | | | | | | | | | | | |
| Name of School | | |  | | | | | Location | | |  | | | | | |
| Grade Level | |  | | | | | | Number of Students | | | | | | |  | |
| **Name and contact information for the person filling out the evaluation:** | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | Position | |  | | | | | | |
| Email |  | | | | | | | Phone |  | | | | | | | |

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

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