

Parent Class Evaluation for PDAITs
Face Sheet for Submission to the PDA
(Submit one per class only)

Name of PDAIT _____

Names of any and all other Facilitators _____

Contact Address _____

Phone _____

Email _____

Parent Classes _____ Start Date _____ End Date _____

Total Number of Sessions _____

Hours Per Session _____ Location: _____

Format of class: closed enrollment _____ drop in _____

(Note: For certification, closed enrollment of a class of 10 or more is preferred.)

Number enrolled (total, including drop outs

Number attending final session

Number of applications 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.)