



PARENT'S TOOLSHOP CONSULTING, LTD.

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PARENTS TOOLSHOP PROBATIONARY GROUP FACILITATOR REPORT

When you have solo taught at least one program that is a minimum of two hours long and covers at least three “toolsets” from *The Parent's Toolshop*, complete and submit this report to PTC (contact #s above).

Group Facilitator Name:

Date of Report:

Name of program provided:

Date of program provided:

Length of program (hours):

of people attending:

Topics/Toolsets covered:

Program evaluation results: At the end of your program, give each person in your group a copy of the “Program Evaluation” form in the pocket of your TG notebook. Have them complete it at that time and turn it in to you. Following the sample on the following page, calculate percentages of the various ratings. You can send the form you used as your worksheet for the summary or plug in the percentages below.

% rated program excellent. % rated it good *or* excellent.

% said they learned new information

% said they would recommend the program to others

% parents *who had children in their custody* said they successfully used the skills with their children.

% of parents said they also successfully used the skills with other children or in adult relationships.

* If you taught a full-length class, you also need to report the following skill assessment results:

Average pre-class skill assessment score =

Average post-class skill assessment score =

Average improvement =

PARENT'S TOOLSHOP **PROGRAM EVALUATION FORM**

Please take a few minutes to complete this evaluation form. Your answers help us evaluate the quality of our programs and instructors and show us if we need to make any necessary improvements.

Circle the response that best describes your reactions to the program.

	Excellent	Good	Fair	Poor
1. Your overall impression				
Of the presenter(s)	4	3	2	1
Of the materials (including the book, games, handouts, flip chart notes)	4	3	2	1
2. How was the balance of presentation, interactive activities, and group discussion?	4	3	2	1
3. How would you rate your knowledge of the topic BEFORE the presentation?	4	3	2	1
4. How would you rate your CURRENT knowledge of the topic? (<i>After</i> the program?)	4	3	2	1

5. Was the presenter(s) prepared and organized? Yes No
6. Was the presenter(s) style enjoyable *and* informational? Yes No
7. Did you benefit from the group discussions? Yes No
8. Would you recommend this program to others? Yes No

9. What was the most beneficial part of the program?

10. What would you change/improve about the program?

11. Have you practiced the skills you learned in this program with your children? (Check one)

Yes No My children are not in my custody

12. Have you practiced the skills you learned in the program with other children or in *other* relationships (including adult relationships)? (Check one)

Yes No

Additional comments: (Please print your name if we may use these comments for future publicity.)

SAMPLE WORKSHEET FOR CALCULATING % OF EVALUATION RESULTS

**PARENT'S TOOLSHOP
PROGRAM EVALUATION FORM**

Please take a few minutes to complete this evaluation form. Your answers help us evaluate the quality of our programs and instructors and show us if we need to make any necessary improvements.

Circle the response that best describes your reactions to the program.

	Excellent	Good	Fair	Poor
1. Your overall impression				
Of the presenter(s) <u>of 11</u>	4 	3	2	1
Of the materials (including the book, games, handouts, flip chart notes) <u>8/11 = 72%</u>	4 	3	2	1
2. How was the balance of presentation, interactive activities, and group discussion? <u>10/11 = 90%</u>	4 	3	2	1
3. How would you rate your knowledge of the topic BEFORE the presentation? <u>Yes = 100%</u>	4	3 	2	1
4. How would you rate your CURRENT knowledge of the topic? (After the program?)	4	3	2	1
5. Was the presenter(s) prepared and organized?	Yes 	No		<u>Yes = 100%</u>
6. Was the presenter(s) style enjoyable and informational?	Yes 	No		<u>Yes = 72%</u>
7. Did you benefit from the group discussions?	Yes 	No		<u>Yes = 72%</u>
8. Would you recommend this program to others?	Yes 	No		<u>Yes = 100%</u>
9. What was the most beneficial part of the program?	_____			
10. What would you change/improve about the program?	_____			
11. Have you practiced the skills you learned in this program with your children? (Check one) <u>100% with custody</u>				
 Yes <u>9/11 = 81%</u> <u>0</u> No	<u>11</u> My children are not in my custody <u>2/11 = 18%</u>			
12. Have you practiced the skills you learned in the program with other children or in other relationships (including adult relationships)? (Check one)				
 Yes	<u>1</u> No <u>10/11 = 90%</u>			

Additional comments: (Please print your name if we may use these comments for future publicity.)