



Parent Training Evaluation

Topic: _____

Center: _____ Date: _____

From a brief discussion after the session:
 What new ideas did you learn?

TOTAL

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

What will you use at home?

TOTAL

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |