

**Savannah Family Institute**  
***Parenting with Love and Limits®***  
**Family Therapy Certification Training**

**Evaluation Questionnaire**

Work Setting \_\_\_\_\_ Date \_\_\_\_\_

Please use the following scale to respond to questions:

5 = Excellent    4 = Above Average    3 = Average    2 = Below Average    1 = Poor

<b>1. General Aspects</b>	Audiovisual Materials	1	2	3	4	5
	Physical Facilities	1	2	3	4	5
	Registration Procedures	1	2	3	4	5
	Staff Responsiveness	1	2	3	4	5
<b>2. Speaker's Presentation</b>	Organization of Material	1	2	3	4	5
	Maintained Attention and Interest	1	2	3	4	5
	Concepts Clearly Explained	1	2	3	4	5
	Responded to Questions and Concerns	1	2	3	4	5
	Instructor's Level of Knowledge/Expertise	1	2	3	4	5
<b>3. Program Content</b>	New Skills or Knowledge Acquired	1	2	3	4	5
	Teaching Format Suitable to Topic	1	2	3	4	5
	Live Supervision and Debriefing Instructive	1	2	3	4	5
<b>4. Were the Following Workshop Learning Objectives Met?</b>						
	• You now have in-depth knowledge of the 15-Step IMP model through hands-on supervision	1	2	3	4	5
	• You now understand how to break parental resistance once and for all	1	2	3	4	5
	• You now understand process and how to find patterns or undercurrents that keep the family stuck	1	2	3	4	5

**5. Overall educational value of this workshop**

How did you learn about this workshop?    ad         catalogue         colleague         other (specify): \_\_\_\_\_

**Comments/Suggestions**

\_\_\_\_\_  
Name (optional) Date