Evaluation Form Parenting with Love and Limits® Center of Excellence Training

| Name of Provider: | | Savannah Family Institute, Inc. | | | | | |
|---|--|---------------------------------|---|---|--|--|--|
| Title of educational activity: | | Parenting with I | Parenting with Love and Limits® - PLL Group Training | | | | |
| Date(s): | | | | | | | |
| Name of Traine | e: | | | | | | |
| Type of Licensu | Ire: (LPCC, LISW, Ph.D., etc.) | | | | | | |
| Contact Hours | Completed: | 12 | | | | | |
| The following evaluation is a requirement of your training and will assist us in enhancing your training experiences. Please complete the form and return to your trainer. You will receive a separate certificate of completion. OBJECTIVES Please use the following rating scale to evaluate the objectives by circling the corresponding number below. | | | | | | | |
| To a Great Exter | nt = 4, To a Mo | derate Extent = 3 | lerate Extent = 3, To a Slight Extent = 2, Not at All = 1 | | | | |
| I have achieved the following objectives as a result of this educational activity: | | | | | | | |
| Objective # 1: | Learn and demonstrate ability to establish group rapport and normalize family's relationships with the goal of moving parents and/or teens toward solutions (techniques of venting, forming linkages, sticking and moving, focusing on strengths, etc.). | | | | | | |
| 4 | | 3 | 2 | 1 | | | |
| Objective # 2: | Demonstrate ability to make effective use of the inner- outer circle and to use creativity, energy and enthusiasm to effectively use role plays in the group setting. | | | | | | |
| 4 | | 3 | 2 | 1 | | | |
| Objective # 3: | Understand and demonstrate ability to use creativity, energy and enthusiasm to engage parents and/or teens and to try new Interactional techniques (i.e., button busters/button filters, how to be unpredictable, how to enlist the village, how to use nurturance). | | | | | | |
| 4 | | 3 | 2 | 1 | | | |
| Objective # 4: | Understand and demonstrate ability to engage parents and/or teens in drafting a contract in a group setting (i.e., identify rule, rewards and consequences) and how to troubleshoot for backup plans. | | | | | | |
| 4 | | 3 | 2 | 1 | | | |
| Objective # 5: Learn how to use metaphors & experiential exercises to facilitate learning of new family interactional skills (i.e. Rubber Band, Positive Parent Reports, Healing Phrases, Plants, etc.). | | | | | | | |

PRESENTER/CONTENT - Rate the teaching effectiveness/expertise of the presenter:

Please use this rating scale to evaluate the following by circling the corresponding number below.

| Excellent = 4 | Good = 3 | Fair = 2 | Poor = 1 | | | |
|---------------------|---|---|------------------------------|----------------------------|--|--|
| Presenter/Content | Knowledge of subject content. (Trainer demonstrated thorough knowledge of the subject content and was systematic and organized in the teaching presentation) | | | | | |
| 4 | | 3 | 2 | 1 | | |
| Additional comments | 3: | • | | | | |
| Presenter/Content | | less to group. (Trainer demo | nstrated effective listening | and patient | | |
| 4 | | 3 | 2 | 1 | | |
| Presenter/Content | , | te training to practice. (Trair lication with anecdotal exam | | to relate the PLL Model to | | |
| 4 | | 3 | 2 | 1 | | |
| Additional comments | 5: | | | | | |
| Presenter/Content | Teaching strategies. (Trainer utilized a variety of teaching strategies to communicate information to trainee – role plays, didactic discussion, video clips, read through's) | | | | | |
| 4 | | 3 | 2 | 1 | | |
| Additional comments | S: | | | | | |

| Presenter/Content | Organization of materials. (Trainer provided the volume of training materials in an organized format and was clear on where to locate key materials throughout the training process) | | | | | |
|----------------------|--|--------------------------------|--------------|---|---------|--|
| 4 | | 3 | 2 | 1 | | |
| Additional comments | »: | | | ' | | |
| In what ways could t | raining have | been improved? | | | | |
| What was particularl | y good abou | It the training? | | | | |
| What was most help | ful about the | e training? (Please be specifi | ic) | | | |
| What was least help | ful about the | training and why? (Please I | oe specific) | | | |
| Thank you for you | r participati | on in this evaluation. | | NBCC Provider #5854, NASW Provider #886 | 6516749 | |