



**RELATIONSHIP TOOLSHOP®  
INTERNATIONAL TRAINING INSTITUTE, LLC**

**CEU EVALUATION FORM**

This evaluation must be completed and returned at the conclusion of today's program. Thank you.

Date: \_\_\_\_\_ Program Title: Parents Toolshop® Group Facilitator Certification Training

License #: \_\_\_\_\_ YOUR State: \_\_\_\_\_ Location: Online

Type of License/Certification: Psych Nurse LPC\* Chem Dep Soc Work\*  
MFT Other (Specify): \_\_\_\_\_ (\* we offer)

Please rate the following items on a 1 (poor) to 10 (excellent) scale.

**PRESENTER**

Name of Presenter: Jody Johnston Pawel  
 Teaching ability  
 Organization of material  
 Knowledge base

**OBJECTIVES**

How well did the program meet the following objectives for you?  
The participant will:

Teach Parent's Toolshop® programs, from comprehensive "full-length" classes to one-shot topic programs – and customize the program delivery to meet the participants' special or diverse needs while maintaining the integrity of the standardized curriculum.

**CONTENT/FORMAT/LEARNING**

Relevance of program for your work  
 Completeness of coverage of materials  
 Content matched the stated objectives  
 Quality of hand-outs/audio-visual  
 Overall content/format/learning  
 Appropriateness of teaching strategies

Use the unique "Universal Blueprint" and its practical skills to plan individualized effective responses to any parenting challenge, to teach parents to think for themselves AND to model the tools as a group facilitator.

**PROGRAM/ADMINISTRATION**

Ease of registration  
 Accessibility of location  
 Comfort of room  
 Helpfulness of seminar staff  
 Availability of parking

Be a dynamic, entertaining and informative speaker, effective group discussion leader and lead interactive activities that raise awareness while teaching skills, by learning advanced presentation skills.

Would be interested in an in-service staff training on this topic?

Yes  No

Evaluate participant skill improvement and custom-design outcome-focused evaluation tools, to track results, report successes and get funding.

**SUGGESTIONS FOR FUTURE PROGRAMS/CHANGE**

We appreciate your input. Please use the back of this form to let us know if there is anything we can do to improve our programs and services. What other topics are of interest to you as a professional?