



Pathways to  
Permanence 2

Parenting  
Children  
WHO HAVE  
Experienced  
Trauma  
AND LOSS

# Pathways to Permanence 2

# Evaluation Sheets



Pathways to  
Permanence 2

Parenting  
Children  
WHO HAVE  
Experienced  
Trauma  
AND LOSS

*Section 2*

*Conducting  
the  
Training*

# SESSION 1 EVALUATION

Date \_\_\_\_\_ Location \_\_\_\_\_

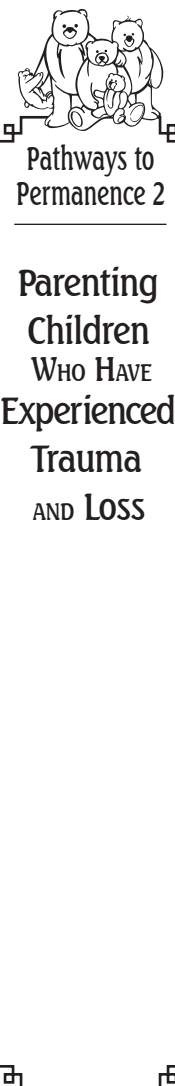
Please rate each statement by circling the number that most accurately describes your opinion according to the following scale:

1 - strongly disagree; 2 - disagree; 3 - no strong feeling either way; 4 - agree; 5 - strongly agree

Strongly Disagree – Strongly Agree

1. The stated class objectives were met. 1 2 3 4 5
  2. The information provided was relevant. 1 2 3 4 5
  3. The information was provided in an interesting way. 1 2 3 4 5
  4. The written material was useful. 1 2 3 4 5
  5. The audio/visual products used were of good quality. 1 2 3 4 5
  6. The facilitator provided time for and answered questions. 1 2 3 4 5
  7. The facilitator encouraged group discussion. 1 2 3 4 5
  8. What did you find most relevant?  
\_\_\_\_\_  
\_\_\_\_\_
  9. Was there anything that was not relevant? If so, what?  
\_\_\_\_\_  
\_\_\_\_\_
  10. What content or presentation strategies would you like to see added to the class?  
\_\_\_\_\_  
\_\_\_\_\_
  11. Was the training culturally sensitive in content and towards participants? \_\_\_\_\_
  12. Did the facilitators treat participants with dignity and respect? \_\_\_\_\_
  13. State your personal goals for the course:  
\_\_\_\_\_  
\_\_\_\_\_
- Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and return evaluation form at the end of the class session. Thank you!





## SESSION 2 EVALUATION

Date \_\_\_\_\_ Location \_\_\_\_\_

*Please rate each statement by circling the number that most accurately describes your opinion according to the following scale:*

1 - strongly disagree; 2 - disagree; 3 - no strong feeling either way; 4 - agree; 5 - strongly agree

Strongly Disagree – Strongly Agree

- |  |           |
|--|-----------|
| 1. The stated class objectives were met.                     | 1 2 3 4 5 |
| 2. The information provided was relevant.                    | 1 2 3 4 5 |
| 3. The information was provided in an interesting way.       | 1 2 3 4 5 |
| 4. The written material was useful.                          | 1 2 3 4 5 |
| 5. The audio/visual products used were of good quality.      | 1 2 3 4 5 |
| 6. The facilitator provided time for and answered questions. | 1 2 3 4 5 |
| 7. The facilitator encouraged group discussion.              | 1 2 3 4 5 |
| 8. What did you find most relevant?                          |           |

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9. Was there anything that was not relevant? If so, what?
- 
- 

10. What content or presentation strategies would you like to see added to the class?
- 
- 

11. Was the training culturally sensitive in content and towards participants? \_\_\_\_\_

12. Did the facilitators treat participants with dignity and respect? \_\_\_\_\_

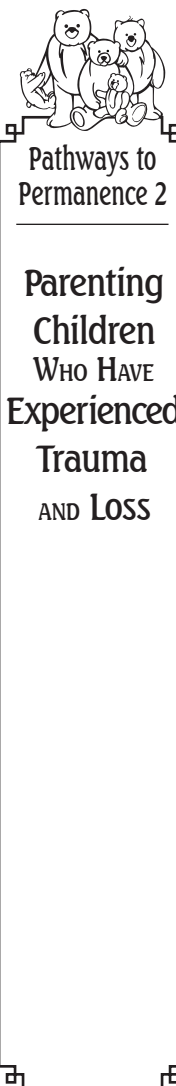
13. State your personal goals for the course:
- 
- 

Additional comments: \_\_\_\_\_

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Please complete and return evaluation form at the end of the class session. Thank you!





# SESSION 3 EVALUATION



Pathways to  
Permanence 2

Parenting  
Children  
Who Have  
Experienced  
Trauma  
AND LOSS

Date \_\_\_\_\_ Location \_\_\_\_\_

Please rate each statement by circling the number that most accurately describes your opinion according to the following scale:

1 - strongly disagree; 2 - disagree; 3 - no strong feeling either way; 4 - agree; 5 - strongly agree

Strongly Disagree – Strongly Agree

1. The stated class objectives were met. 1 2 3 4 5

2. The information provided was relevant. 1 2 3 4 5

3. The information was provided in an interesting way. 1 2 3 4 5

4. The written material was useful. 1 2 3 4 5

5. The audio/visual products used were of good quality. 1 2 3 4 5

6. The facilitator provided time for and answered questions. 1 2 3 4 5

7. The facilitator encouraged group discussion. 1 2 3 4 5

8. What did you find most relevant?

\_\_\_\_\_  
\_\_\_\_\_

9. Was there anything that was not relevant? If so, what?

\_\_\_\_\_  
\_\_\_\_\_

10. What content or presentation strategies would you like to see added to the class?

\_\_\_\_\_  
\_\_\_\_\_

11. Was the training culturally sensitive in content and towards participants? \_\_\_\_\_

12. Did the facilitators treat participants with dignity and respect? \_\_\_\_\_

13. State your personal goals for the course:

\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please complete and return evaluation form at the end of the class session. Thank you!





# SESSION 4 EVALUATION



Pathways to  
Permanence 2

Parenting  
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Trauma  
AND LOSS

Date \_\_\_\_\_ Location \_\_\_\_\_

Please rate each statement by circling the number that most accurately describes your opinion according to the following scale:

1 - strongly disagree; 2 - disagree; 3 - no strong feeling either way; 4 - agree; 5 - strongly agree

Strongly Disagree – Strongly Agree

1. The stated class objectives were met. 1 2 3 4 5
  2. The information provided was relevant. 1 2 3 4 5
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  4. The written material was useful. 1 2 3 4 5
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  8. What did you find most relevant?  
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  12. Did the facilitators treat participants with dignity and respect? \_\_\_\_\_
  13. State your personal goals for the course:  
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\_\_\_\_\_
- Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and return evaluation form at the end of the class session. Thank you!



# SESSION 5 EVALUATION



Pathways to  
Permanence 2

Parenting  
Children  
Who Have  
Experienced  
Trauma  
AND LOSS

Date \_\_\_\_\_ Location \_\_\_\_\_

*Please rate each statement by circling the number that most accurately describes your opinion according to the following scale:*

1 - strongly disagree; 2 - disagree; 3 - no strong feeling either way; 4 - agree; 5 - strongly agree

Strongly Disagree – Strongly Agree

1. The stated class objectives were met. 1 2 3 4 5
  2. The information provided was relevant. 1 2 3 4 5
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  4. The written material was useful. 1 2 3 4 5
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  9. Was there anything that was not relevant? If so, what?  
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  12. Did the facilitators treat participants with dignity and respect? \_\_\_\_\_
  13. State your personal goals for the course:  
\_\_\_\_\_  
\_\_\_\_\_
- Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and return evaluation form at the end of the class session. Thank you!



## SESSION 6 EVALUATION



Pathways to  
Permanence 2

Parenting  
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Date \_\_\_\_\_ Location \_\_\_\_\_

*Please rate each statement by circling the number that most accurately describes your opinion according to the following scale:*

1 - strongly disagree; 2 - disagree; 3 - no strong feeling either way; 4 - agree; 5 - strongly agree

Strongly Disagree – Strongly Agree

1. The stated class objectives were met. 1 2 3 4 5
  2. The information provided was relevant. 1 2 3 4 5
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  13. State your personal goals for the course:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and return evaluation form at the end of the class session. Thank you!



## SESSION 7 EVALUATION

Date \_\_\_\_\_ Location \_\_\_\_\_

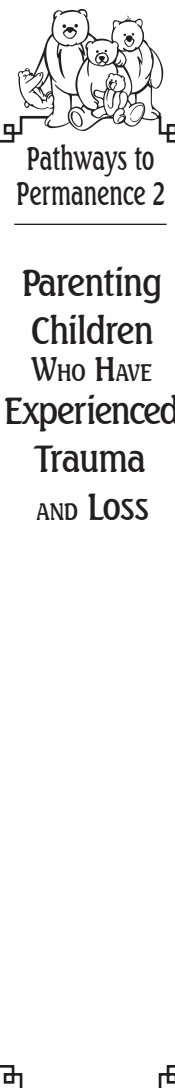
*Please rate each statement by circling the number that most accurately describes your opinion according to the following scale:*

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Strongly Disagree – Strongly Agree

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  9. Was there anything that was not relevant? If so, what?  
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  10. What content or presentation strategies would you like to see added to the class?  
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  11. Was the training culturally sensitive in content and towards participants? \_\_\_\_\_
  12. Did the facilitators treat participants with dignity and respect? \_\_\_\_\_
  13. State your personal goals for the course:  
\_\_\_\_\_  
\_\_\_\_\_
- Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and return evaluation form at the end of the class session. Thank you!







## OVERALL EVALUATION



Pathways to  
Permanence 2

Parenting  
Children  
WHO HAVE  
Experienced  
Trauma  
AND LOSS

Date \_\_\_\_\_ Location \_\_\_\_\_

1. Overall, do you feel the stated objectives of the class were met?  
Please comment (use the reverse of this form if necessary):
  
2. Was the information presented useful to you?  
Please comment:
  
3. Has the information presented had an impact on how you respond to your child?  
Please comment:
  
4. What aspects of the course were most helpful to you?  
Please comment:
  
5. What aspects of the course were least helpful to you?  
Please Comment:
  
6. Please share any other thoughts you have on the organization, format, content, and process of this training.