

Evaluation Form

Parenting with Love and Limits® Center of Excellence Training

Name of Provider:	Savannah Family Institute, Inc.
Title of educational activity:	Parenting with Love and Limits® - PLL Group and Family Therapy Training
Date(s):	
Name of Trainee:	
Type of Licensure: (LPCC, LISW, Ph.D., etc.)	
Contact Hours Completed:	30

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 Extent = 4, To a Moderate 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:	Understand principles and guidelines of motivational interviewing techniques and demonstrate ability to apply specific principles and guidelines to engage the uncooperative child or adolescent and their caregivers.		
4	3	2	1

Objective # 2:	Learn and demonstrate ability to establish group rapport and normalize family's relationships with the goal of moving parents and/or teens toward solutions (<i>techniques of venting, forming linkages, sticking and moving, focusing on strengths, etc.</i>).		
4	3	2	1

Objective # 3:	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 # 4:	Understand and demonstrate ability to use creativity, energy and enthusiasm to engage parents and/or teens and to try new Interactional techniques (i.e., <i>button busters/button filters, how to be unpredictable, how to enlist the village, how to use nurturance</i>).		
4	3	2	1

Objective # 5:	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 # 6:	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.).		
4	3	2	1

Objective # 7:	Learn to help families recognize problems utilizing scaling techniques for charting family stressors, worksheets and video clips to identify root causes of behavior, and feedback loops to demonstrate unhealthy and healthy undercurrents that maintain family dysfunction.		
4	3	2	1

Objective # 8:	Learn how to get the parents battle ready to implement a behavioral contract through video and live case examples and role-plays.		
4	3	2	1

Objective # 9:	Learn how to help families consolidate gains and generalize skills to solve future problems.		
4	3	2	1

PRESENTERS/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:

Presenter/Content	Responsiveness to group. (Trainer demonstrated effective listening and patient responsiveness to the trainee)		
4	3	2	1

Additional comments:

Presenter/Content	Ability to relate training to practice. (Trainer demonstrated an ability to relate the PLL Model to practical application with anecdotal examples)		
4	3	2	1

Additional comments:

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:

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 training have been improved?

What was particularly good about the training?

What was most helpful about the training? (Please be specific)

What was least helpful about the training and why? (Please be specific)

Thank you for your participation in this evaluation.

NBCC Provider #5854, NASW Provider #886516749