Parents as Pre-service Trainers Project
FACULTY PARTICIPANT SURVEY

Please attach a copy of your course syllabus.
Name of class _________________________________
Date ____________________ Number of students _____

Participating Teaching Team Members ________________________
_________________________________________________________

Please note: As it is vital for our continued funding that instruction in early intervention and the IFSP process be documented, we ask that early intervention materials and related activities be specifically addressed on evaluation forms. Thank you.

Please provide a brief summary of your class. (Include course objectives, texts, and student grading requirements if these are not listed on your syllabus.)

Please describe class activities that you considered most effective in providing students insight regarding the perspectives or priorities of families.

What did you feel was most helpful about the organization or implementation of this project?

What changes, additions or suggestions for the future would you recommend?

Additional comments:

Please return to:
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