Parents as Pre-service Trainers Project
PARENT PARTICIPANT SURVEY

Date _________________________
Instructor of Class _________________________
Name of Class _______________________________________________

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

Please describe any specific teaching methods or techniques which you felt contributed to the students’ understanding of family-centered early intervention.

Please describe your view of the most valuable aspects of your participation in this class.

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

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

Please return this form to:

Peggy M. Mohr, Ph.D., P.T.
Department of Physical Therapy
P.O. Box 9037
University of North Dakota
School of Medicine & Health Sciences
Grand Forks, ND 58202-9037       7/03