### Parents as Trainers Pre/Post Evaluation of Parent Lecturer or Parent Co-instructor

Date _____ University/College ______________  Instructor(s) ______________ Parent ________________

Parent was lecturer **OR** co-instructor (please circle one)  Course number and title ______________________

<table>
<thead>
<tr>
<th>Items 1A – 5A: Please indicate your rating <strong>BEFORE</strong> your interaction with the family or parent of a child with special needs.</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
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<tbody>
<tr>
<td>1A. Your overall knowledge of the subject matter</td>
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<tr>
<td>2A. Your comfort level in providing services to children in relation to the topic(s) presented</td>
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<td>3A. Your likeliness of using the information in your professional career</td>
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<td>4A. Your awareness of family priorities</td>
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<tr>
<td>5A. Your sensitivity to the realities of raising a child with a disability</td>
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<th>Items 1B – 5B: Please indicate your rating <strong>AFTER</strong> your interaction with the family or parent of a child with special needs.</th>
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Please indicate the presentation/teaching methods of the parent that were the most effective for you.

- [ ] Family story
- [ ] Handouts
- [ ] Lecture
- [ ] Student participation activities
- [ ] Examples provided
- [ ] Journaling
- [ ] Pictures
- [ ] Parent feedback

Please indicate the benefits you received from the presentation. (Check all that apply.)

- [ ] Learning about the parent perspective
- [ ] Insight about child’s perspective
- [ ] Disorder characteristics
- [ ] Strategies for intervention/collaboration with professionals
- [ ] Self-reflection
- [ ] Recommendations/resources

What changes would you recommend? (Please circle more time or less time where indicated.)

- [ ] Presentation time (more time/less time)
- [ ] Statistics (more/less)
- [ ] Pictures (more/less)
- [ ] Family stories (more/less)
- [ ] Interaction with the students (more/less)
- [ ] Handouts (more/less)
- [ ] Information about the disorder (more/less)
- [ ] No changes recommended
- [ ] Strategies for intervention/collaboration with professionals (more/less)

Comments:

Please return to: Peg Mohr, PhD, PT, UND School of Medicine & Health Sciences Room 1510, Department of Physical Therapy Stop 9037, Grand Forks, ND 58202-9037

Thank you!

1/2012