

**Strengthening families strengthening communities:
A parent programme**

Class summary report
(Use additional paper as necessary)

AGENCY NAME: _____

ADDRESS: _____

Contact person _____ Phone: _____

CLASS INSTRUCTORS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Which of the following were utilised to recruit parents?

Flyers/Brochures/Announcements _____

Newspaper and/or Radio _____

Agency Referral/Court ordered _____

Parent word of mouth _____

Was the class targeted toward one specific population (homeless, court ordered, parents of youth offenders, foster parents, domestic violence victims, etc)?

In conjunction with the Parent Class, does the agency or group also offer any of the following?

Child Support Group _____

Parent Support Group after Training Completion _____

CLASS SUMMARY REPORT

CLASS STRUCTURE AND SCHEDULE

Place class was held: _____
Date started: _____ Date ended: _____
Day of the week: _____ Time class held: _____
Number of sessions held (include graduation): _____

Which of the following were provided to support parent attendance?

Weekly phone calls	_____
Calls as needed	_____
Reminder notes	_____
Childcare	_____
Transportation	_____
Refreshments	_____
Certificates of completion	_____
Graduation ceremony	_____
Special incentives	_____
Parent manuals	_____

ETHNIC/CULTURAL GROUP COMPOSITION

	Number	%
African Caribbean	_____	_____
African	_____	_____
Black other (please specify)	_____	_____
Indian	_____	_____
Pakistani	_____	_____
Bangladeshi	_____	_____
Asian other	_____	_____
White	_____	_____
Other (please specify)	_____	_____

CLASS SUMMARY REPORT

Parent Participation:

(NOTE: $B = C + D + E$)

- A. Number registered for class (before classes started): _____
- B. Number that attended at least two sessions: _____ (B)
- C. Number that completed/graduated: _____ (C)
(attended more than half the sessions)
- D. Number that participated, but did not graduate: _____ (D)
(did not drop out, but attended less than half the sessions)
- E. Number that dropped out (attended two or more sessions): _____ (E)
- Conflict in schedule _____
- Childcare needs _____
- Transportation problems _____
- Medical problems _____
- Personal/family problems _____
- Class not what was expected _____
- Other _____
-
-
-

ISSUES RELATED TO GROUP FACILITATION PROCESS

(parent participation, personality conflicts, etc.)

PARENT AND PROGRAMME EVALUATION (Indicate the number of forms)

- Registration forms completed: _____
- Pre parent questionnaires completed: _____
- Post parent questionnaires completed: _____
- Number of pre/post pairs: _____
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CLASS SUMMARY REPORT

The *Strengthening Programme* contains five component areas. Please comment on each of the following areas as outlined below.

CULTURAL COMPONENT AREA:

How much did you emphasise this component area (more, same, less)?

Did you modify or add to this component area?

RELATIONSHIP ENHANCEMENT/VIOLENCE PREVENTION COMPONENT:

How much did you emphasise this component area (more, same, less)?

Did you modify or add to this component area?

rites of passage component area:

How much did you emphasise this component area (more, same, less)?

Did you modify or add to this component area?

CLASS SUMMARY REPORT

POSITIVE DISCIPLINE COMPONENT AREA:

How much did you emphasise this component area (more, same, less)?

Did you modify or add to this component area?

COMMUNITY INVOLVEMENT COMPONENT AREA:

How much did you emphasise this component area (more, same, less)?

Did you modify or add to this component area?

Speakers to the class and topic areas addressed:

Parent group plans after class completion:

Describe your experience in facilitating the class:

CLASS SUMMARY REPORT

Parent response to programme and curriculum component areas:

Please indicate you/your agency's future plans for using curriculum.

Suggestions for improving/enhancing the curriculum:

Parents especially impacted and/or identified for follow-up:

Name: _____ Phone: _____

Name: _____ Phone: _____
