

Powerful Tools for Caregivers Class Report

As soon as you've completed teaching the Powerful Tools class, please enter the appropriate data and return this form with your evaluations.

Today's Date _____ Name of person filling out form _____

Class Dates and Times _____

Sponsoring Organization(s) _____

Class Location _____

Number of participants attending the first class _____

Number of participants who completed the series _____

Class Format (check one) ___ 90-Minute Traditional Classes ___ 2 1/2-Hour Traditional Classes
 ___ 2-Hour Children with Special Needs Classes

Distribution of participants who completed the series by gender and ethnicity:

_____ Total number of men

_____ Total number of women

Total number of class participants from each ethnic category:

_____ Hispanic

_____ Non-Hispanic

_____ White – Caucasian

_____ Black – African American

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

_____ American Indian or Alaskan Native

_____ Other (please specify) _____

Return this form and evaluations to Debbie Albin

Email: deborah.albin@montana.edu / Phone: (406) 994-5099 / Fax: (406) 994-2013

Address: MSU Extension/HHD / 316A Herrick Hall / Bozeman, MT 59717-3540