

## Raising Your Spirited Child Evaluation Form

Please check all of the classes that you attended:

	What Makes Kids Spirited? & Intensity
	Persistence & Sensitivity
	Perceptiveness & Adaptability
	Regularity, Energy, First Reaction, Disposition

**FIRST**, read each of the statements in the **middle** of the table. Then in the **left** column, answer how you would describe your understanding today, now that you have completed the Spirited Child workshop series.

**NEXT**, think back to how you would have answered each of the statements a month ago, before you participated in the workshop. Put those responses in the **right** column.

<b>Circle the appropriate number using the following key:</b>														
					1 = no understanding 2 = little understanding 3 = moderate understanding 4 = quite a bit of understanding 5 = great deal of understanding									
Today, <b>after</b> participating in the workshop series:					<b>My Understanding</b> How would you describe your understanding of the following:					Last month, <b>before</b> participating in the workshop series:				
None	A Little	Moderate	Quite a bit	Great deal						None	A Little	Moderate	Quite a bit	Great deal
1	2	3	4	5	How my child's temperament affects his/her behavior.					1	2	3	4	5
1	2	3	4	5	How my temperament influences my reaction to my child's behavior.					1	2	3	4	5
1	2	3	4	5	The role of cues leading up to my child's challenging behavior.					1	2	3	4	5
1	2	3	4	5	Strategies for reducing power struggles.					1	2	3	4	5
1	2	3	4	5	Strategies for dealing with tantrums and blow-ups when they occur.					1	2	3	4	5
1	2	3	4	5	Strategies for managing your child's challenging behavior.					1	2	3	4	5

(OVER)

What is the most important thing you learned about **your child** during the course of these classes?

What is the most important thing you learned about **yourself** during the course of these classes?

Name one new idea you **plan** to use for managing your child's challenging behavior as a result of attending this workshop.

Name one new idea you **have already used** to manage your child's challenging behavior as a result of attending this workshop.

The University of Wisconsin Extension asks that you voluntarily respond to the questions below. The cumulative demographic information will be used to enhance our programming efforts.

Gender:  Male  Female

Race/Ethnicity:	Age
<input type="checkbox"/> Black (Not of Hispanic Origin)	<input type="checkbox"/> Under 18
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> 18-34
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> 35-49
<input type="checkbox"/> Hispanic	<input type="checkbox"/> 50-64
<input type="checkbox"/> White (Not of Hispanic Origin)	<input type="checkbox"/> 65+