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