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 MeMe Laney
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Address: MSU Extension/HHD /320 Reid Hall /Bozeman, MT 59717-3370