

Parenting Adolescents & Children Effectively Group

NAME _____ DATE _____ TIME _____

FOR #1-9, PLEASE CIRCLE THE NUMBER ALONG THE SCALE THAT BEST REPRESENTS YOUR GROUP EXPERIENCE:

	Not Applicable N/A	Strongly Agree 5	Agree 4	Neither Agree or Disagree 3	Disagree 2	Strongly Disagree 1
1.						N/A 5 4 3 2 1
2.						N/A 5 4 3 2 1
3.						N/A 5 4 3 2 1
4.						N/A 5 4 3 2 1
5.						N/A 5 4 3 2 1
6.						N/A 5 4 3 2 1
7.						N/A 5 4 3 2 1
8.						N/A 5 4 3 2 1
9.						N/A 5 4 3 2 1

Today I learned or reviewed _____

10. What substance(s)/drug(s), not subscribed, are you using? Amount and Frequency of use?

11. What actions are you going to take today to contribute to being a more effective parent?

12. Further comments on any of the above scales or about your group experience at B&D Integrated Health:

Number of group sessions I have participated in the P.A.C.E. Program at B&D:

- 1 - 2
 3 - 5
 6 - 9
 10+
 12+

Overall Stars for Today's Group:

Group Facilitator's Name(s) _____