

# Parenting Skills Workshop Participant Assessment

## Participant Information

Name:

Date:

Facilitator:

## Self-Assessment

1. What parenting skills did you find most useful in this workshop?

2. How confident do you feel in implementing these skills?

3. What challenges do you anticipate in applying these skills?

## Session Feedback

4. Was the material presented clearly and effectively?

5. What topics would you like to learn more about?

## Skills Assessment

Skill Area	Before Workshop	After Workshop
Active Listening		
Positive Discipline		
Emotional Regulation		
Communication		

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Participant Signature

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Date