



## Parent Training Evaluation/Quiz

Name of Training: **FLIP IT! Transforming Challenging Behavior** Parent Email: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Parent Contact Number: \_\_\_\_\_

Name of Child: \_\_\_\_\_

1. **T/F:** FLIP IT! Began with a child named “Haley” who had been expelled from four preschools because of her challenging behavior.
2. **Fill in the blank:** \_\_\_\_\_ refers to the negativity or risk factors in an individual’s life.
3. **Multiple Choice:** Four steps to help young children learn about their feelings, gain self-control, and reduce challenging behavior include which of the following:
  - A: Feelings
  - B: Limits
  - C: Inquiries
  - D: Prompts
  - E: All of the above
4. Did this training improve or add to your parenting skills? If so, how?
5. Name one thing you will do differently because of the training you have completed?
6. Would you be interested in more parenting classes? If so, on what?