



## Group Connection Record

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Title of group:

Parent educator(s):

Date:

Duration:

Location:

Presenter/facilitator:

Method of delivery (select all that apply):

On-ground

Telecommunication

Video conferencing

Area(s) of emphasis (select all that apply):

Family well-being

Development-centered parenting

Parent-child interaction

Number in attendance: Families:

Adults:

Children:

Handouts and resources used:

Feedback obtained via:

Feedback survey

Informal

Focus group

Other (specify):

Date completed:

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**Describe the key successes from this group connection:**

**Describe the key challenges from this group connection and how these challenges might be addressed for the future:**

**Items for follow-up:**