### SELF-ASSESSMENT OF LEARNING

**For each of the areas listed below:**

1. Rate your knowledge or skill **before** completing Understanding Self as Supervisor.
2. Rate your knowledge or skill **after** completing Understanding Self as Supervisor.

<table>
<thead>
<tr>
<th>KNOWLEDGE OR SKILL</th>
<th>BEFORE TRAINING</th>
<th>AFTER TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Roles of APS Supervisor and competency in each role.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>2. Strengths and challenges in administrative, managerial, educational, service and support roles.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>3. Use of Self-assessment as a leadership tool.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>4. Supervisory leadership skills that support the ability of staff to serve clients.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>5. How your own workplace style impacts the way that you carry out the four supervisory leadership roles.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>6. Strengths and challenges in the applying authority, cultivating fairness and equity, establishing expectations, parallel process, and tending to teams.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>7. Importance of managing the team dynamic and creating an environment where workers collaborate and support each other.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>8. Components of Strengths Based Leadership.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>9. How to integrate Strengths Based Leadership into current supervision style.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>10. How to utilize strengths based “12 Questions” within your team/organization.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>11. Difference between coaching, mentoring and training and when to use each with staff.</strong></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
# Self-Assessment of Learning

For each of the areas listed below:
1. Rate your knowledge or skill before completing Understanding Self as Supervisor.
2. Rate your knowledge or skill after completing Understanding Self as Supervisor.

<table>
<thead>
<tr>
<th>Knowledge or Skill</th>
<th>Before Training</th>
<th>After Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Understanding</td>
<td>Full Understanding</td>
</tr>
<tr>
<td>12. The application of “Just in Time” Coaching and Coaching Questions with staff.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. Characteristics of positive work environments.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. How to implement change toward a more effective and productive work environment.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. Methods to manage change and transition.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>16. How to manage transition from peer to supervisor.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
**Action Plan**

**Transfer of Learning:** Ways supervisors can prepare for the training and then utilize knowledge and skills acquired during the training on the job.

At the end of the training, review the Learning Journal Activity – Work Environments on page 58 of your participant manual. Please list the following below:

- The goal you identified to improve your team’s work environment.
- The three activities you plan to carry out to make the goal a reality.

We will send you a brief survey via email in 3 months so you can check your progress and resulting outcomes. The survey data will be used to assess training content efficacy and skill transfer.

*Please Note: No one will review your individual action or hold you accountable for the results. The action plan is strictly a learning plan for you.*

Please print:

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Email:</th>
</tr>
</thead>
</table>

Goal to improve my team’s work environment:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Activity #1 to achieve goal:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Activity #2 to achieve goal:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Activity #3 to achieve goal:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________
Academy for Professional Excellence
Multi-disciplinary Adult Services Training & Evaluation for Results
Training Evaluation - Satisfaction Survey

<table>
<thead>
<tr>
<th>Class Name:</th>
<th>Understanding Self as Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainer 1:</td>
<td></td>
</tr>
<tr>
<td>Trainer 2:</td>
<td></td>
</tr>
<tr>
<td>Trainer 3:</td>
<td></td>
</tr>
</tbody>
</table>

Please enter your TraineeID CODE: _______ _______ _______ _______ _______ _______ _______ _______

For each question, please check the box under the number that best represents your assessment of the course, using the scale of 1=strongly disagree and 5=strongly agree. Please print!

A: Content of the Training

1. The competencies and learning objectives were clearly identified.
2. The training included examples of evidence-based practices and/or best practices related to this topic.
3. The training addressed the ethical issues likely to arise in respect to this topic/issue/area of practice.
4. The training promoted discussions of ethical issues.

B: Trainer(s)

1. The trainer(s) presented the content of the training clearly and effectively.
2. The trainer(s) displayed a clear understanding of the subject matter.
3. The trainer(s) promoted and facilitated discussions of cultural sensitivity.
4. The trainer(s) stimulated discussion and was responsive to participants.
5. Overall, I am satisfied with TRAINER 1: 0
6. Overall, I am satisfied with TRAINER 2: 0 N/A
7. Overall, I am satisfied with TRAINER 3: 0 N/A

C: Application Potential of Professional Learning Inventory - APPLI 24

1. As a result of the training, I substantially increased my knowledge on this topic.
2. As a result of the training, I have developed new skills.
3. The training has affected some of my attitudes concerning this topic area.
4. As a result of this training, I have a better conceptualization of what I already do on the job.
5. I am motivated to put this training into practice on the job.
6. I will meet with my supervisor to discuss application of this training on the job.
7. My supervisor expects me to use this training on the job.
8. I have already made a plan with a co-worker to use this training.
9. There is at least one co-worker who will be supportive of my application attempts.
10. I will have sufficient opportunities to practice the new ideas/skills/techniques on the job.

(CONTINUED ON BACK)
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. My organization expects me to use the training on the job.</td>
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<tr>
<td>12. When I think back to other training I have attended, I can say that I have used the training on the job. I can even think of specific application examples.</td>
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<tr>
<td>13. I have a plan to implement this training.</td>
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<tr>
<td>14. I am very confident that I will use the training on the job.</td>
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<td>15. I will have the time to review materials and make an implementation plan.</td>
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<td>16. Prior to the workshop, I was motivated to attend.</td>
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<td>17. During the training, I was thinking of ways I could apply the training content to the job.</td>
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<td>18. My supervisor helped to prepare me for this training by discussing my learning needs and potential applications.</td>
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<tr>
<td>19. This training content is consistent with my agency’s mission, philosophy and goals.</td>
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<tr>
<td>20. This training content is consistent with my agency’s policies and my individual responsibilities.</td>
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<td>21. This training will help me to continue learning in this topic area.</td>
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<tr>
<td>22. As a result of the training, I will be a more effective worker.</td>
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<tr>
<td>23. The information I learned today can help make a difference with people I serve.</td>
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<tr>
<td>24. Overall, I am satisfied with this training.</td>
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</tbody>
</table>

Please provide two examples of how you will apply what you have learned in this training to your job:

1. 

2. 

Suggestions for improving the content of this training:

Suggestions for improving the presentation of this training:

Suggestions of other training topics you would like to see us offer:
Dear Training Participant,

By providing us with the following demographic information, you will be helping us to understand the effectiveness of this training for future participants. Your participation with this survey is completely voluntary and all of the information will be kept entirely confidential. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

1. **What is the HIGHEST level of your formal education?** (Check only ONE box)
   - High School
   - Some College
   - BA/BS Degree
   - BSW Degree
   - MA/MS Degree
   - MSW
   - PsyD
   - PhD
   - Field related to social work? □ Yes □ No

2. **How long have you been in your current position?**
   - Less than 1 Year
   - 1 – 2 years
   - 3 – 5 years
   - 6 – 10 years
   - 11+ years

3. **Do you hold a current license as a mental health practitioner?**
   - Yes □ No □
   - If yes, which one?
     - LCSW
     - MFT
     - Lic./Registered Psychologist
     - Other: ________

4. **How do you identify yourself in terms of ethnicity/race?**
   - African American
   - American Indian/Alaskan Native
   - Asian/Pacific Islander
   - Caucasian/White
   - Hispanic/Latino (specify): __________________________
   - Multi-racial (specify): __________________________
   - Other (specify): __________________________

5. **What is the year were you born?**
   _______ _______ _______ _______

6. **What is your gender?**
   - Male □ Female □

7. **Is English your second language?**
   - Yes □ No □
   - If yes, what is your first language? __________________________

8. **What STATE do you work in?**
   __________________________

   a. **If you work in CALIFORNIA, what COUNTY do you work for?**
   __________________________
9. Which of these best describes your primary job assignment? Please provide clarification if your job function is not typical of that category (e.g. MSSP Nurse in Aging Services, APS Trainer, Community Information Police Officer):

- [ ] APS Only
- [ ] (1) Line Worker
- [ ] (2) Supervisor
- [ ] (3) Manager
- [ ] (4) Other:
- [ ] (29) Case Managers (IHSS or Other Homemaker Services)
- [ ] (13) Aging Services
- [ ] (14) Code Enforcement
- [ ] (15) Financial Abuse Trainer or Advocate
- [ ] (16) Law Enforcement
- [ ] (17) Legal Services
- [ ] (18) Long Term Care Provider
- [ ] (19) Medical (not APS, Public Health, or LTC)
- [ ] (27) Other (specify): _______________

   a. If you work for APS, what type of investigations do you conduct?
      - [ ] Disability Investigations Only
      - [ ] Elder Investigations Only
      - [ ] Both

10. How many years of experience do you have working with each of these populations:

<table>
<thead>
<tr>
<th>Population</th>
<th>Less than 1 year</th>
<th>1 – 2 yrs</th>
<th>3 – 5 yrs</th>
<th>6 – 10 yrs</th>
<th>11+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Disabled</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Protective Social Services - Adults</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>Protective Social Services - Children</td>
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</tr>
</tbody>
</table>

11. Have you had any specialized training in gerontology?
   - [ ] Yes
   - [ ] No

   a. If yes, what type (check all that apply)?
      - [ ] Gerontology Graduate Studies (Focus Area)
      - [ ] Gerontology Graduate Studies (Coursework)
      - [ ] Continuing Education Training
      - [ ] Other: _______________

12. Which of the following statements best describes your feelings about attending this training series?
   - [ ] I am excited about attending this training series and believe it will help me do my job better.
   - [ ] I am unsure about what this training series has to offer me.
   - [ ] This training series is a requirement. I am looking forward to getting it over with.
   - [ ] I have no feelings, either positive or negative, about attending this training series.

13. I am concerned about the amount of time this training series will require me to be away from my cases:
   - [ ] Yes
   - [ ] No