**Class Name:**

**Trainer 1:**

**Date:**

**Trainer 2:**

**Length:**

**Trainer 3:**

**Location:**

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**Please enter your TraineeID CODE:**

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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: |
| 6. | Overall, I am satisfied with TRAINER 2: |
| 7. | Overall, I am satisfied with TRAINER 3: |

### C: Application Potential of Professional Learning Inventory - APPLI 33

| 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. | Even if no one notices, I will use knowledge learned from this training on the job. |
| 9. | The trainer helped me see how the training can be applied on the job. |
| 10. | The information I received from this training can definitely be used with people I serve. |
| 11. | I have already made a plan with a co-worker to use this training. |
| 12. | There is at least one co-worker who will be supportive of my application attempts. |
13. I will have sufficient opportunities to practice the new ideas/skills/techniques on the job.  
14. My organization expects me to use the training on the job.  
15. 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.
16. I have a plan to implement this training.  
17. I am very confident that I will use the training on the job.  
18. I will have the time to review materials and make an implementation plan.
19. Prior to the workshop, I was motivated to attend.

20. During the training, I was thinking of ways I could apply the training content to the job.
21. The trainer/training provided sufficient opportunities to practice new information/skills.
22. I can think of specific cases/people I serve to which (with whom) this training can be used.
23. My supervisor helped to prepare me for this training by discussing my learning needs and potential applications.
24. The trainer provided some practical ideas that can be used on the job.
25. The trainer gave examples of when to use ideas/skills/strategies on the job.
26. The trainer helped motivate me to want to try out training ideas on the job.

27. The workshop objectives were adequately addressed.
28. This training content is consistent with my agency’s mission, philosophy and goals.
29. This training content is consistent with my agency’s policies and my individual responsibilities.
30. This training will help me to continue learning in this topic area.
31. As a result of the training, I will be a more effective worker.
32. The information I learned today can help make a difference with people I serve.
33. Overall, I am satisfied with this training.

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):

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<tr>
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<tbody>
<tr>
<td>APS Only</td>
<td>□</td>
<td>(1) Line Worker</td>
<td>□</td>
<td>(2) Supervisor</td>
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<tr>
<td></td>
<td>□</td>
<td>(3) Manager</td>
<td>□</td>
<td>(4) Other:</td>
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<td></td>
<td>□</td>
<td>(9) Case Managers (IHSS or Other Homemaker Services)</td>
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<tr>
<td>□</td>
<td>(13) Aging Services</td>
<td>□</td>
<td>(20) Mental Health</td>
<td></td>
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<tr>
<td>□</td>
<td>(14) Code Enforcement</td>
<td>□</td>
<td>(21) Nursing (APS or Public Health)</td>
<td></td>
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<tr>
<td>□</td>
<td>(15) Financial Abuse Trainer or Advocate</td>
<td>□</td>
<td>(22) Prosecution/Court Services</td>
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<tr>
<td>□</td>
<td>(16) Law Enforcement</td>
<td>□</td>
<td>(23) Public Authority</td>
<td></td>
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<tr>
<td>□</td>
<td>(17) Legal Services</td>
<td>□</td>
<td>(24) Public Guardian</td>
<td></td>
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<tr>
<td>□</td>
<td>(18) Long Term Care Provider</td>
<td>□</td>
<td>(25) Regional Center/Disability Services</td>
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<tr>
<td>□</td>
<td>(19) Medical (not APS, Public Health, or LTC)</td>
<td>□</td>
<td>(26) Victim/Witness Assistance</td>
<td></td>
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<tr>
<td>□</td>
<td>(27) Other (specify):</td>
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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:

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<tbody>
<tr>
<td>Seniors</td>
<td>□</td>
<td>Less than 1 year</td>
<td>□</td>
<td>1 – 2 yrs</td>
<td>□</td>
<td>3 – 5 yrs</td>
</tr>
<tr>
<td>Disabled</td>
<td>□</td>
<td>Less than 1 year</td>
<td>□</td>
<td>1 – 2 yrs</td>
<td>□</td>
<td>3 – 5 yrs</td>
</tr>
<tr>
<td>Protective Social Services - Adults</td>
<td>□</td>
<td>Less than 1 year</td>
<td>□</td>
<td>1 – 2 yrs</td>
<td>□</td>
<td>3 – 5 yrs</td>
</tr>
<tr>
<td>Protective Social Services - Children</td>
<td>□</td>
<td>Less than 1 year</td>
<td>□</td>
<td>1 – 2 yrs</td>
<td>□</td>
<td>3 – 5 yrs</td>
</tr>
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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