

Trainee ID Code

Date   /   /    
M M D D Y Y

## SELF-ASSESSMENT OF LEARNING

FOR EACH OF THE AREAS LISTED BELOW:

1. Rate your knowledge or skill before completing Foundations of Effective Supervision.
2. Rate your knowledge or skill after completing Foundations of Effective Supervision.

| KNOWLEDGE OR SKILL   | BEFORE TRAINING  |   |                    |   |   | AFTER TRAINING   |   |                    |   |   |
|--|------------------|---|--------------------|---|---|------------------|---|--------------------|---|---|
|  | No Understanding |   | Full Understanding |   |   | No Understanding |   | Full Understanding |   |   |
| 1. Impact of APS culture on supervisor's role.   | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 2. Knowledge of supervisory best practices.  | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 3. Importance of exercising professional boundaries with supervised staff.   | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 4. Factors involved in structuring case consultations.   | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 5. How to integrate evidence-based practices such as Motivational Interviewing, Solution-Focused Therapy, and Cognitive Behavioral Therapy with staff during case consultations. | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 6. Importance of understanding the role values and ethics play in case consultations.  | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 7. Importance of modeling strength-based practice with staff.  | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 8. Actions supervisors can take to promote well-being and promote safety and trust among staff.  | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 9. How to recognize when staff is negatively impacted by exposure to trauma.   | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 10. Four primary ways of monitoring and evaluating staff performance.  | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 11. How to apply key elements for quality assurance during the case review process.  | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 12. Eight performance criteria used to evaluate staff performance.   | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |

Trainee ID Code

Date   /   /

M M                      D D                      Y Y

## **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.

| KNOWLEDGE OR SKILL   | BEFORE TRAINING  |   |                    |   |   | AFTER TRAINING   |   |                    |   |   |
|--|------------------|---|--------------------|---|---|------------------|---|--------------------|---|---|
|  | No Understanding |   | Full Understanding |   |   | No Understanding |   | Full Understanding |   |   |
| 13. How to use effective feedback with staff.  | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 14. Factors that contribute to positive and negative meeting experiences.            | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |
| 15. How to structure effective staff meetings using the 5 Step Core Meeting Process. | 1                | 2 | 3                  | 4 | 5 | 1                | 2 | 3                  | 4 | 5 |

## Action Plan

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

At the end of the training, please list the following below:

- The *goal* you identified to improve your skills in the Educational, Supportive or Administrative Role (e.g. administrative role: Better monitoring and evaluation of staff performance).
- 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 and a means for us to evaluate training content and skill transfer.*

**Please print:**

|                          |               |
|--------------------------|---------------|
| <b>Participant Name:</b> | <b>Email:</b> |
|--------------------------|---------------|

**Goal to improve skills in Educational, Supportive or Administrative Role:**

---

---

**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



|                    |                                      |                  |       |  |
|--------------------|--------------------------------------|------------------|-------|--|
| <b>Class Name:</b> | Foundations of Effective Supervision |                  |       |  |
| <b>Trainer 1:</b>  | _____                                | <b>Date:</b>     | _____ |  |
| <b>Trainer 2:</b>  | _____                                | <b>Length:</b>   | _____ |  |
| <b>Trainer 3:</b>  | _____                                | <b>Location:</b> | _____ |  |

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**

|  | Strongly Disagree        | 1                        | 2                        | 3                        | 4                        | 5                        | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                          |                          |                          |                          |                          |                          |                          |
| 1. The competencies and learning objectives were clearly identified.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The training included examples of evidence-based practices and/or best practices related to this topic.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The training addressed the ethical issues likely to arise in respect to this topic/issue/ area of practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The training promoted discussions of ethical issues.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**B: Trainer(s)**



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



**C: Application Potential of Professional Learning Inventory - APPLI 24**

|   | Strongly Disagree        | 1                        | 2                        | 3                        | 4                        | 5                        | Strongly Agree           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |                          |                          |                          |                          |                          |                          |                          |
| 1. As a result of the training, I substantially increased my knowledge on this topic.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. As a result of the training, I have developed new skills.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The training has affected some of my attitudes concerning this topic area.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. As a result of this training, I have a better conceptualization of what I already do on the job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am motivated to put this training into practice on the job.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | Strongly Disagree        | 1                        | 2                        | 3                        | 4                        | 5                        | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                          |                          |                          |                          |                          |                          |                          |
| 6. I will meet with my supervisor to discuss application of this training on the job.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My supervisor expects me to use this training on the job.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have already made a plan with a co-worker to use this training.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. There is at least one co-worker who will be supportive of my application attempts.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I will have sufficient opportunities to practice the new ideas/skills/techniques on the job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | Strongly Disagree   |                          |                          |                          | Strongly Agree  |
|---|---|--------------------------|--------------------------|--------------------------|---|
|   |  |                          |                          |                          |  |
|   | 1   | 2                        | 3                        | 4                        | 5   |
| 11. My organization expects me to use the training on the job.  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 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. | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 13. I have a plan to implement this training.   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 14. I am very confident that I will use the training on the job.  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 15. I will have the time to review materials and make an implementation plan.   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

|  | Strongly Disagree   |                          |                          |                          | Strongly Agree  |
|--|---|--------------------------|--------------------------|--------------------------|---|
|  |  |                          |                          |                          |  |
|  | 1   | 2                        | 3                        | 4                        | 5   |
| 16. Prior to the workshop, I was motivated to attend.  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 17. During the training, I was thinking of ways I could apply the training content to the job.                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 18. My supervisor helped to prepare me for this training by discussing my learning needs and potential applications. | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 19. This training content is consistent with my agency's mission, philosophy and goals.                              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 20. This training content is consistent with my agency's policies and my individual responsibilities.                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

|   | Strongly Disagree   |                          |                          |                          | Strongly Agree  |
|---|---|--------------------------|--------------------------|--------------------------|---|
|   |  |                          |                          |                          |  |
|   | 1   | 2                        | 3                        | 4                        | 5   |
| 21. This training will help me to continue learning in this topic area.             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 22. As a result of the training, I will be a more effective worker.                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 23. The information I learned today can help make a difference with people I serve. | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 24. Overall, I am satisfied with this training.                                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

**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:**

Trainee ID Code

Date  /  /   
M M D D Y Y

---

## **MASTER DEMOGRAPHIC SURVEY**

---

**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)**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> High School  | <input type="checkbox"/> MA/MS Degree   |
| <input type="checkbox"/> Some College | <input type="checkbox"/> MSW  |
| <input type="checkbox"/> BA/BS Degree | <input type="checkbox"/> PsyD   |
| <input type="checkbox"/> BSW Degree   | <input type="checkbox"/> PhD – Field related to social work? → <input type="checkbox"/> Yes <input type="checkbox"/> 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?**

- |   |   |
|---|---|
| <input type="checkbox"/> African American               | <input type="checkbox"/> Hispanic/Latino (specify): _____ |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Multi-racial (specify): _____    |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Other (specify): _____           |
| <input type="checkbox"/> Caucasian/White                |   |

**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? \_\_\_\_\_

