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.

<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>1. Impact of APS culture on supervisor’s role.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Knowledge of supervisory best practices.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Importance of exercising professional boundaries with supervised staff.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Factors involved in structuring case consultations.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. How to integrate evidence-based practices such as Motivational Interviewing, Solution-Focused Therapy, and Cognitive Behavioral Therapy with staff during case consultations.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Importance of understanding the role values and ethics play in case consultations.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Importance of modeling strength-based practice with staff.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. Actions supervisors can take to promote well-being and promote safety and trust among staff.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. How to recognize when staff is negatively impacted by exposure to trauma.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. Four primary ways of monitoring and evaluating staff performance.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. How to apply key elements for quality assurance during the case review process.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. Eight performance criteria used to evaluate staff performance.</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>13. How to use effective feedback with staff.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Factors that contribute to positive and negative meeting experiences.</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. How to structure effective staff meetings using the 5 Step Core Meeting Process.</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 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:**

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

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:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
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.
11. My organization expects me to use the training on the job.  
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.  
13. I have a plan to implement this training.  
14. I am very confident that I will use the training on the job.  
15. I will have the time to review materials and make an implementation plan.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

16. Prior to the workshop, I was motivated to attend.  
17. During the training, I was thinking of ways I could apply the training content to the job.  
18. My supervisor helped to prepare me for this training by discussing my learning needs and potential applications.  
19. This training content is consistent with my agency’s mission, philosophy and goals.  
20. This training content is consistent with my agency’s policies and my individual responsibilities.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

21. This training will help me to continue learning in this topic area.  
22. As a result of the training, I will be a more effective worker.  
23. The information I learned today can help make a difference with people I serve.  
24. Overall, I am satisfied with this training.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</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:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Suggestions for improving the presentation of this training:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

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
   - MA/MS Degree
   - Some College
   - MSW
   - BA/BS Degree
   - PsyD
   - BSW Degree
   - 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
- Line Worker (1)
- Supervisor (2)
- Manager (3)
- Other: (4)

(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>Seniors</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>Disabled</td>
<td>Less than 1 year</td>
<td>1 – 2 yrs</td>
<td>3 – 5 yrs</td>
<td>6 – 10 yrs</td>
<td>11+ yrs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protective Social Services - Adults</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>
</table>

<table>
<thead>
<tr>
<th>Protective Social Services - Children</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>
</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