

# Transfer of Learning Exercise for California Regulations

Please review one of your recent cases with your supervisor using the following template.

|  |          |
|--|----------|
| How does your client meet the definition of an APS client?   | Explain: |
| Was the reporting party a mandated reporter?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |          |
| How did you handle confidentiality issues in this case? (Was there someone you had to talk to but had to watch what you said?)   | Explain: |
| Did you discuss this case with a Multidisciplinary Team?   |          |
| Did this case qualify for No-initial-face-to-face investigation (NIFFI)? Why or why not?   | Explain: |
| What was the response time for this case? Why?   | Explain: |
| Did you get permission to enter the client's residence?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |          |
| Did you complete the Assessment within the deadline?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |          |
| Did your Assessment documentation include:<br><input type="checkbox"/> reason for referral<br><input type="checkbox"/> summary of investigative findings<br><input type="checkbox"/> summary of concerns/needs<br><input type="checkbox"/> summary of strengths, limitations & risk factors<br><input type="checkbox"/> client's history with APS and other agencies |          |
| Did you complete the Service Plan within the deadline?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |          |

Did your Service Plan:

- Promote the goal of client's safety in the least restrictive environment
- Reflect the goals of the client/family
- Outline strategies to achieve goals
- Get approved by first level supervisor within 5 calendar days of completion.

If your case was open more than 30 days beyond the initial face to face, did you monitor the case every 30 days?

- Yes
- No

Did you do a Reassessment within 90 days?

- Yes
- No

Did you document:

- Appropriateness of service plan
- Need for continued APS involvement

If you have closed the case, did you document:

- Reason for case closure
- Services provided
- Resources now in place
- Achievement of Service Plan goals



# Academy for Professional Excellence

Multi-disciplinary Adult Services Training & Evaluation for Results

Training Evaluation - Satisfaction Survey







|             |       |           |       |  |
|-------------|-------|-----------|-------|--|
| Class Name: | _____ |           |       |  |
| Trainer 1:  | _____ | Date:     | _____ |  |
| Trainer 2:  | _____ | Length:   | _____ |  |
| Trainer 3:  | _____ | Location: | _____ |  |



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!

|   |   | Strongly Disagree        |                          |                          |                          |                          | Strongly Agree               |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
|   |   |                          |                          |                          |                          |                          |                              |
|   |   | 1                        | 2                        | 3                        | 4                        | 5                        |                              |
| <b>A: Content of the Training</b>   |   |                          |                          |                          |                          |                          |                              |
| 1.  | The competencies and learning objectives were clearly identified.   | <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"/> |                              |
| 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"/> |                              |
| 4.  | The training promoted discussions of ethical issues.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
|   |   |                          |                          |                          |                          |                          |                              |
|   |   | Strongly Disagree        |                          |                          |                          |                          | Strongly Agree               |
|   |   |                          |                          |                          |                          |                          |                              |
|   |   | 1                        | 2                        | 3                        | 4                        | 5                        |                              |
| <b>B: Trainer(s)</b>  |   |                          |                          |                          |                          |                          |                              |
| 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"/> |                              |
| 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"/> |                              |
| 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"/> |                              |
| 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"/> |                              |
| 5.  | Overall, I am satisfied with TRAINER 1:      0  | <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"/> |
| 7.  | Overall, I am satisfied with TRAINER 3:      0  |                          |                          |                          |                          |                          | N/A <input type="checkbox"/> |
|   |   |                          |                          |                          |                          |                          |                              |
|   |   | Strongly Disagree        |                          |                          |                          |                          | Strongly Agree               |
|   |   |                          |                          |                          |                          |                          |                              |
|   |   | 1                        | 2                        | 3                        | 4                        | 5                        |                              |
| <b>C: Application Potential of Professional Learning Inventory - APPLI 33</b> |   |                          |                          |                          |                          |                          |                              |
| 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"/> |                              |
| 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"/> |                              |
| 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"/> |                              |
| 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"/> |                              |
| 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"/> |                              |
| 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"/> |                              |
|   |   |                          |                          |                          |                          |                          |                              |
|   |   | Strongly Disagree        |                          |                          |                          |                          | Strongly Agree               |
|   |   |                          |                          |                          |                          |                          |                              |
|   |   | 1                        | 2                        | 3                        | 4                        | 5                        |                              |
| 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"/> |                              |
| 8.  | Even if no one notices, I will use knowledge learned from this training on the job.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 9.  | The trainer helped me see how the training can be applied on the job.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 10.   | The information I received from this training can definitely be used with people I serve.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| 11.   | 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"/> |                              |
| 12.   | 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"/> |                              |

|   | Strongly Disagree  |                          |                          |                          | Strongly Agree   |
|---|--|--------------------------|--------------------------|--------------------------|--|
|   |  |                          |                          |                          |  |
|   | 1  | 2                        | 3                        | 4                        | 5  |
| 13. 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"/>   |
| 14. 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"/>   |
| 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. | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 16. I have a plan to implement this training.   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| 17. 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"/>   |
| 18. 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"/>   |
| 19. Prior to the workshop, I was motivated to attend.   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |

|  | Strongly Disagree   |                          |                          |                          | Strongly Agree  |
|--|---|--------------------------|--------------------------|--------------------------|---|
|  |  |                          |                          |                          |  |
|  | 1   | 2                        | 3                        | 4                        | 5   |
| 20. 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"/>  |
| 21. The trainer/training provided sufficient opportunities to practice new information/skills.                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 22. I can think of specific cases/people I serve to which (with whom) this training can be used.                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 23. 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"/>  |
| 24. The trainer provided some practical ideas that can be used on the job.   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 25. The trainer gave examples of when to use ideas/skills/strategies on the job.                                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 26. The trainer helped motivate me to want to try out training ideas on the job.                                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

|   | Strongly Disagree   |                          |                          |                          | Strongly Agree  |
|---|---|--------------------------|--------------------------|--------------------------|---|
|   |  |                          |                          |                          |  |
|   | 1   | 2                        | 3                        | 4                        | 5   |
| 27. The workshop objectives were adequately addressed.  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| 28. 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"/>  |
| 29. 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"/>  |
| 30. 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"/>  |
| 31. 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"/>  |
| 32. 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"/>  |
| 33. 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

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## **MASTER DEMOGRAPHIC SURVEY**

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

Trainee ID Code

Date   /   /    
M M D D Y Y

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## MASTER DEMOGRAPHIC SURVEY

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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     (20) Mental Health  
 (14) Code Enforcement     (21) Nursing (APS or Public Health)  
 (15) Financial Abuse Trainer or Advocate                                     (22) Prosecution/Court Services  
 (16) Law Enforcement     (23) Public Authority  
 (17) Legal Services     (24) Public Guardian  
 (18) Long Term Care Provider     (25) Regional Center/Disability Services  
 (19) Medical (not APS, Public Health, or LTC)     (26) Victim/Witness Assistance  
 (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:

- |  |                          |                  |                          |           |                          |           |                          |            |                          |         |
|--|--------------------------|------------------|--------------------------|-----------|--------------------------|-----------|--------------------------|------------|--------------------------|---------|
| <i>Seniors</i>                                       | <input type="checkbox"/> | Less than 1 year | <input type="checkbox"/> | 1 – 2 yrs | <input type="checkbox"/> | 3 – 5 yrs | <input type="checkbox"/> | 6 – 10 yrs | <input type="checkbox"/> | 11+ yrs |
| <i>Disabled</i>                                      | <input type="checkbox"/> | Less than 1 year | <input type="checkbox"/> | 1 – 2 yrs | <input type="checkbox"/> | 3 – 5 yrs | <input type="checkbox"/> | 6 – 10 yrs | <input type="checkbox"/> | 11+ yrs |
| <i>Protective<br/>Social Services -<br/>Adults</i>   | <input type="checkbox"/> | Less than 1 year | <input type="checkbox"/> | 1 – 2 yrs | <input type="checkbox"/> | 3 – 5 yrs | <input type="checkbox"/> | 6 – 10 yrs | <input type="checkbox"/> | 11+ yrs |
| <i>Protective<br/>Social Services -<br/>Children</i> | <input type="checkbox"/> | Less than 1 year | <input type="checkbox"/> | 1 – 2 yrs | <input type="checkbox"/> | 3 – 5 yrs | <input type="checkbox"/> | 6 – 10 yrs | <input type="checkbox"/> | 11+ yrs |

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