T- Care Skill Two

Training Survey

Program/Agency:	Date:	Participant Name (Optional):	

		5 stroi	ngly agre	$e \rightarrow 1 str$	ongly dis	agree
General Aspects:				number j		
1	The teaching, audiovisuals, materials, and format were informative.	5	4	3	2	1
2	Training environment was comfortable.	5	4	3	2	1
Speaker's Presentation				$e \rightarrow 1 \text{ str}$ number f		
3	The information presented was clear, meaningful, and organized.	5	4	3	2	1
4	The trainer(s) encouraged participation and feedback from the group.	5	4	3	2	1
5	The trainer(s) was engaging and creative.	5	4	3	2	1
6	The trainer(s) responded effectively to questions and concerns.	5	4	3	2	1
7	The trainer(s) was knowledgeable and had relevant expertise.	5	4	3	2	1
Progre	um Content			$e \rightarrow 1 \text{ str}$ number f		
8	Acquired skills and/or knowledge.	5	4	3	2	1
9	Teaching format was suitable to topic.	5	4	3	2	1
As a r	esult of this training, you are better able to			$e \rightarrow 1 \text{ str}$ number f		
10	Understand the T4/T-Care Skills.	5	4	3	2	1
11	Use T4 /T-CareSkills to increase personal and professional effectiveness	5	4	3	2	1
12	Use T4/T-Care Skills to better understand clients and families	5	4	3	2	1
Overa	TI Company			$e \rightarrow 1 \text{ str}$ $number f$		
13	Training had educational value.	5	4	3	2	1
Please	tell us what you think about your work with youth and families			$e \rightarrow 1 \text{ str}$ number f		
14	I feel burned out from my work.	5	4	3	2	1
15	I feel I'm positively influencing other people's lives through my work.	5	4	3	2	1
16	Hearing about my clients' trauma experiences makes me feel tense or worried in my own personal life.	5	4	3	2	1
17	I deal effectively with the problems of my clients.	5	4	3	2	1
18	I think more than I want to about my clients' trauma experiences.	5	4	3	2	1
19	At work I feel confident that I am effective at getting things done.	5	4	3	2	1

Additional Thoughts & Comments

