

## **Trainee Feedback Form**

Title of overall training:.....

		Date(s):												
		Location:												
		Trainers:												
	Names of session(s) attended:													
	Length of overall training: hours / days (please indicate which)													
1.	Indicate the job which best describes the work you do (circle or underline): Carer, Centre Director, Child Development Worker (clinic based), Community Worker, Doctor, Nurse, Occupational Therapist, Physiotherapist, Speech and Language Therapist, Teacher													
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2.	2. Please tick the most relevant statement:  1) I don't feel I have learned anything.  2) I don't feel I'll use what I have learned.  3) I might use some of what I learned.  4) I feel confident using everything I have learned.  5) I would feel confident training others in what I have learned.													
3.	Please	complete 3	OR 3b, depe	nding on the	setting you	work in:								
<b>3</b> 2	Centre	based data												
Ja	. centre	baseu uata												
lf y	ou wor	k in a school	or centre, ho	w many child	ren/adolesce	ents do you work with	that will benefit	from						
thi	s trainir	ng you have r	eceived?											
<u>1</u> -	-05	06-10	11-20	21-50	51-100	100+								
3b	. Clinic-	based data												
lf y	ou wor	k in a hospit	al, outpatient	clinic or in th	ne communi	<b>ty</b> , how many clients/ <sub>i</sub>	oatients do you							
se	e <b>every</b>	month that v	will benefit fro	m this trainin	g you have r	received?								
1-:	10	11-50	51-100	101-200	200-500	500+								
3c.	How m	nany colleagu	ues / trainees	will you share	e this knew	knowledge with withi	n first year of tra	aining?						
1-1		11-50	-	) 01-200		J	•	Ū						

## 4. Please complete the following:

Note to trainers: Remind trainees to complete each section with a before and after score. Do not enter scores into the MAITS online survey where you only have a before or after score.

		Low (1)	Medium (2)	High (3)	Comments
Level of confidence	Before the				
in this area of work	training				
	After the				
	training				
Level of <b>knowledge</b>	Before the				
	training				
	After the				
	training				
Level of practical skill	Before the				
	training				
	After the				
	training				

Note: We recognise that change in practical skills will only occur if training includes a practical element. 5. Please give suggestions on how the training could have been more useful for you (content, level, teaching methods etc.) 1. 2. 3. 6. Now, think about 3-5 things you will do differently in your work place as a result of this training. When you have completed this, tear above and take it away with you as a reminder. E.g. I will use a visual timetable to prepare the children for every change of activity 1. 2. 3. 4. 5.