

Trainer's Manual for Instructor lead courses



Transforming lives

This course was developed by DSHS/DDA. You may add to this course but no other changes are authorized.

Course Title: Train the Trainer / Beyond Mandated Reporting 3.0

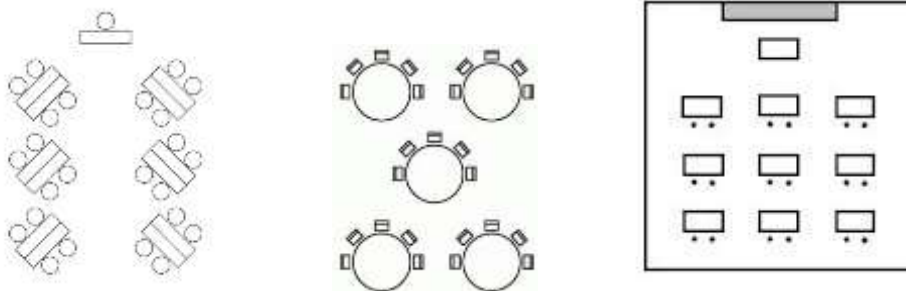
Course Code: CE1617250

of CE hours: 4

Intended Audience: Residential Provider Trainers (You may not hold your own TTT for this course.)

Before the event:

1. Reserve the room, invite people to attend, determine if you will provide light refreshments or not and ensure that you have marked it off on your calendar so you can prepare. Set aside time to practice. No matter how well you know the material, you should go through it before you stand to deliver.
2. Prepare Certificates. Print with person's name, instructor number (if needed) and the trainer information. Print one certificate for each participant. The certificate for this course is available in the masters section of this Guide.
3. Prepare handouts, packets, information you will share during your training.
 1. These may be found at the end of this chapter or
 2. You may have a participant toolkit to print.
4. Prepare activities to use and PRACTICE them. Ensure that you have written instructions for all activities including time.
5. Gather all materials that you will need for the training. Be prepared and organized.
6. Arrange the room in a friendly lay out.



Please note that each arrangements allows for several things, safe evacuation, small group discussions without having to move and easy access to the front of the room so they can focus on the presenter and the screen with visuals.

You will want a large table at the front of the room for your training materials, laptop, projector and whatever you need to have handy during your presentation. Speakers, water bottle, mouse – all take up space so make sure you have enough room.

7. Provide stress reliever objects for kinesthetic learners like stress balls, tangle toys, or pipe cleaners, markers, post its, 3x5 cards, pens at each table
8. Start on time!
9. Greet participants as they enter.
10. Play some entry music. Select ahead of time or add to your power point
11. Provide instructions on the dry erase board or easel paper regarding name tags, table tents or what to do to fill their time. (Table challenges or puzzles are a great way to fill time for early guests.)
12. Create a sign in sheet with the name of the course, date and location. Participants may print their name and sign in or you may pre-print participants' names and have them initial or sign for each day they are present. Participants must complete your course prior to receiving a certificate. Keep this sign in sheet or an electronic form for 6 years from date of training.

Materials for this course:

Computer
Internet cord or Wi-Fi connection
Long extension cord
Monitor or projector and additional speakers
Screen or blank white wall
Blank paper
Markers
Easel sheet and easel

Easel sheets to prepare before class:

Welcome
Instructions for completing sign in sheet, name tags, table tents, where to sit

Objectives:

- Recognize that your responsibility is for the safety of the person you support in ANY setting
- Identify what supports and partners you have to maintain a safe environment
- Identify plans in place and how to locate information to support you as the staff
- List two questions to ask hospital and medical personnel before discharge
- Represent confidently the needs of the individual you support
- Demonstrate how to obtain additional supports
- Instruct agency staff looking for ways to prevent bad things from happening
- Utilize best practices for teaching adult learners



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Here are some trainer tips to review before every presentation!

Your tone of voice needs to vary throughout your training. A Visual learner likes it to be fast and funny, an auditory learner likes it medium speed and a kinesthetic learner likes it slow and calm. Avoid a monotone voice.

Be intentional in your **movement**. Plant yourself in one location and then if you have to move, move to a spot that is intentional! Some facilitators are also successful with **slowly** moving around the room.

Use normal hand gestures and arm movements.

Connect with people. Look at their faces for no longer than 5 seconds **or** for a full thought. Looking people in the eye for longer than this makes them uncomfortable! Looking over their heads breaks your connection with them. Make brief eye contact with everyone at some point in your training.

Breathe quietly and deeply.









Focus on the group. What do they need? Are they getting tired? Give them a break, or do some movement. Are they hungry? Are they bored? Don't let your need to cover content make you forget that people cannot learn if they are anxious, bored, tired, hungry, or stressed.

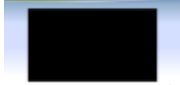



Best practices for in person training including:




- Read the room
- Start activities with small groups or pairs and move into individual or larger group activities. Creating a safe starting point will help you build trust.
- Meet people where they are – content should not be too basic or too advanced for the group
- Tell people why they are there
- Remind people you are just there to help them
- Ask yourself, what did you learn?
- Leave time for self-reflection on what they learned and what they will apply when they return to work
- Use post it notes first. Some people may not want to share their ideas out loud. By asking each person to write on post its first, allows their voice to be heard for the rest of the activity.
- Answer questions of fact.
- Questions of opinion should be answered by the group.
- Share your expertise when the content in a discussion didn't get covered.
- Listen effectively. Paraphrase, use active listening skills




- Tell your own story.
- Connect similar ideas throughout the day.
- Have some fun!




FranklinCovey Facilitator Enhancement Day Series, 2016






		<p>Prepare easel sheets:</p> <ul style="list-style-type: none"> • Welcome • Sign in instructions • Activity instructions if you are using a time filler activity while people arrive • jargon
		<p>Agenda – review the agenda. Discuss comfort issues like bathrooms, food, breaks, parking lot (<i>by addressing these things first, you put people’s minds at ease and they can calm and be ready to listen</i>).</p>
		<p>Introductions – 15 minutes Introduce yourself and state something you have accomplished recently.</p>
		<p><i>Tell this story.</i> A Case Resource Manager was conducting a CARE assessment in the home of an individual receiving Supported Living services. It is documented that this individual has a history of PICA and ingesting inedible items. There were clear instructions to lock up all cleaning supplies, chemicals, soap and toothpaste. A PBSP with clear instructions was in place. The direct service staff minimized the need to lock up all items and stated they had not seen any of those issues since he had been with them. Mandated reporting occurred. The individual did ingest laundry detergent, was hospitalized, and later died.</p> <p>The intent is not to assign blame here. Rather, it is to look at what in the future might we do beyond mandatory reporting in these situations that may bring a different outcome? These circumstances will always occur in some setting, in some way, but we need to work to reduce the chances of risk. This training is designed to help you minimize the possibility of incidents occurring in the first place. Observe your environment with new eyes each day.</p>
		<p>You are taking this course to aid you to think outside of the box, beyond your initial reporting</p>






		<p>obligations to ensure that an event never takes place or to prevent it from happening again. Sadly the person in our story was real and prevention is no longer an option.</p> <p>Refer participants to page 3 in their toolkits.</p> <p>The National Association of Direct Support Professionals has developed a code of ethics for all Direct support Professionals who work in the long term care field.</p> <p>Provide time for people to read page 2 and the top of page 3 on their own.</p> <ul style="list-style-type: none"> • Assign numbers 1 through 10 to pairs or small groups. • Ask them to review the section, determine if they can agree with the ideas put forth and share with the group why or why not. • Would they add anything to their section?
		<p>Video. Linda Rolfe, former Director of the Developmental Disabilities Administration, was in her position when the event I just told you about took place. It was her, and is our, desire that you know how important it is to go above and beyond at your place of work.</p>
		<p>We will focus on the actions that you will take, that your coworkers will take and what you will do to avoid tragic, unintentional events.</p>
		<p>Workshop Goals: Recognize that your responsibility is for the safety of the person you support in ANY setting. You might be in their home, at a restaurant or at a park.</p> <p>No matter where you are, you will identify what supports & partners you have to maintain a safe environment</p>
		<p>Goals/Objectives (continued):</p> <ul style="list-style-type: none"> • Identify plans in place and how to locate information to support you as the staff • List two questions to ask hospital & medical personnel before discharge. • Represent confidently the needs of the







		<p>individual you support.</p> <ul style="list-style-type: none"> • Demonstrate how to obtain additional supports
		<p>Responsibility – review the slide.</p> <ul style="list-style-type: none"> • Know the needs of individuals you support & the ability to provide those supports. You cannot prevent something if you don't know that it's an area of concern. • Ask for training & assistance you may need to support individuals. • Assess critically the situation and act on what you see. • Inform your supervisor and department if the individual's support needs change or are unmet. • Observe the environment, speak up about potential risks, & immediately take action or report to someone who can act.
		<p>Mandatory Reporting; Two state laws require DSHS employees, volunteers, and contractors to report suspected abuse or neglect of either children or vulnerable adults to the authorities.</p> <p>Chapter 26.44 RCW Mandates the reporting of any suspected abuse or neglect of a child to either DSHS or law enforcement.</p> <p>And Chapter 74.34 RCW Mandates an immediate report to DSHS of suspected abuse, neglect, abandonment, and financial exploitation of a vulnerable adult.</p> <p>Raise your hand if you are a mandated reporter? Stand up if you have ever had to make a report. (sit down) Think to yourself: would there have been a different outcome if you had reported something you didn't? It may not be easy to make the call, to report your co-worker or friend or even a family member but it is not your job to determine if abuse has happened or not. It is your job to report suspected abuse.</p>
		<p>The law states, when suspected sexual or physical assault it must be reported to both DSHS & law enforcement!</p>




		<p>Reasonable cause = You DO NOT need to be <u>certain</u>, You have reason to believe there is an incident of abuse, neglect, or mistreatment, Safety might be compromised, or the person is in danger of something bad happening then you must report!</p> <p>Report first to CRU/RCS, CPS/APS, and then your supervisor and others in your chain of command</p> <p>Report incidents that occur in other settings Home, School, Work</p> <p>The numbers to report to the CRU and others are posted in each person's home and work site. If you don't know where they are – find out. We do not expect you to memorize them but you certainly may add them to your contacts in your cell phone. You will also find these numbers at the end of your handouts. <i>Ask participants to stop and take out their cell phones if they have them.</i> Add this number to your contacts. Now ensure that you also have the contact information for your supervisor because as soon as you make the CRU call, you must report that you have done so to your supervisor. It is not your supervisor's job to make the report for you. However, there may be times when you do not want to make this call on your own and you need the support of your supervisor to sit with you while you make the call.</p> <p>We are providing you with additional information to be used as resource guide. Take a look at pages 9 – top of 13. Provide a couple of minutes for people to read over the information.</p>
		<p>In spite of background checks, people may have behaviors that stem from a history of abusive behaviors, drug or alcohol use, being hungry or lack of staff oversight. In our industry, you may have to work a second shift frequently because of the shortage of staff at your agency. If this happens regularly you are also tired, worried about family and other employers, and wondering when you will get a chance to eat or sleep.</p> <p>Of course none of these risk factors mean that abuse <u>will</u> happen – they are just things to avoid for</p>








		<p>yourself and monitor for others. No matter what the case, abuse does not have to happen.</p>
		<p>When life is good and you are able to manage all of those stressors that weigh on you; you are at lower risk to commit abuse. This is your ethical accountability. Are you too stressed, tired, or whatever to keep someone safe? What should you do if you feel you cannot keep someone safe? <i>(answers might include calling in, asking for a break, eating something, focusing on simple tasks for a short period to regain focus, deep breathing, reporting to a supervisor)</i></p>
		<p>Should something happen and you need to report, page 14</p> <ul style="list-style-type: none"> • Ensure the person you support is safe • Report to police first (if appropriate) • Report to CRU/RCS • Then report to your management & chain of command <p>Always think of the well-being of the person you support & NOT whether your co-worker or anyone else will be upset if you report it. Maintain the confidentiality of all persons involved... Do NOT gossip about the person you support or others involved in the incident. This is not information to share.</p> <p>If you do need to talk about it, please speak with your supervisor and find out about your agency supports.</p>
		<p>As always, you will need to document your report to CRU.</p> <p>As soon as you can, write a clear description of what happened. Stick to the things you observed and do not include your opinions of what might have taken place.</p> <p>Your Supervisor or Administrator will need this documentation for their records. Be sure to sign and date it and know where to leave it. It is part of a confidential record.</p>



		<ul style="list-style-type: none"> • Your Supervisor or Manager will address the incident promptly • DDA staff may visit the home • CRU/RCS or CPS/APS may investigate • You may never know the outcome <p>The hardest thing to know is that you may never know the outcome as this is protected information. Imagine being the person who is accused but the investigation indicated that no abuse took place. How do you feel when people start to distrust you? (<i>Allow for some answers here.</i>)</p>
		<p>In your handouts on page 13 you will find a report written by someone else. See if you can rewrite the report to follow the documentation guidelines.</p> <p>4/16/16 Sam went out in the community today. He ambulated well and his behavior was appropriate. He liked looking at the creepy bugs on the sidewalk. Man that's just weird and then he picks them up and stares at their antlers or antenna or whatever they are. I wouldn't want to pick them up but to each his own. Then he kind of went blank like he does every now and then, you know, and he fell over. I managed to catch him but it was hard to keep him from hitting his head so sorry if he got a bump. He was out for about a minute. By the time I got my watch to time how long, he was awake again. Man that just sucks that he gets these weird episodes. <i>jes</i></p> <p><i>Ask for volunteers to share their new statements. Take a couple of answers depending on the size of the group. How many of you left in words like, community and ambulates? Do you talk like that? (hopefully not.) Isn't it funny how we use different words to talk about the people we support than we do in our own lives? Do you think this is "people first" language? How could we change our documentation to be more normal and less the "jargon" of the industry? Have a brief discussion. Ask people to call out other words we use that become the jargon of our industry. List them on the easel sheet.</i></p>
		<p>Tell this story. There is a female receiving service in a Supported Living Agency with a diagnosis of Prader-Wili Syndrome (genetic eating disorder) and</p>




		<p>developmental delay. She has a documented history of attempting to exchange sex for food. She moved into a new apartment. She opened a letter that was addressed to the previous tenant. She responded to the male who wrote the letter. The male is currently in jail awaiting trial in three different jurisdictions. One for kidnapping and rape of a 14 year old girl; one for 2nd degree murder while in the process of a robbery; one for illegal firearms. She left the letter out on the table and staff noticed that the letter was heading towards a sexual conversation. There was no physical contact between the two.</p> <p><i>As a large group answer these questions.</i></p> <ol style="list-style-type: none"> 1. Do you report? 2. Who do you report to? 3. Are there any other steps that need to be taken? 4. Are there any other agencies or groups that need to be contacted?
		Break
		<p>Inattention blindness: Inattention blindness is focusing on something so hard that you miss other information. When someone you see every day, gets a haircut or shaves off a mustache, do you notice right away? Sometimes, we don't see the obvious things. Let's watch this video together.</p>
		<p>Watch the video.</p> <p>Did you see the person change?</p> <p><i>Ask – How can we change our focus each day to ensure that these small things don't get over looked?</i></p> <p><i>Answers may include: moving objects/things as soon as we see them so we don't get used to them in that location. Put them away. Check for certain things – being more purposeful each day.</i></p>
		<p>You are accountable and responsible for your actions. Own them. If you make a mistake, tell someone. If someone else made a mistake correct it. This is not the time for people to learn by making mistakes. Teams function best when each person does their job and looks out for each other. Remember you are there to keep the client safe and not to teach co-workers that you are right and they are wrong. Bringing up how great you were to correct someone else's error is not</p>






		helpful. It builds resentment and distrust among team members.
		
		<p>Activity: 5 – 10 minutes depending on size of group.</p> <p>Direct participants to page 14 and the scenario about William.</p> <p>Ask for a volunteer to read the scenario out loud to the group while others follow along.</p> <p>Based on the slide, what should you do? Answer the questions as a group.</p>
		<p>Activity: Things that may indicate failure to protect.</p> <p>Use the items on this slide to help you to determine if you need to report or not to report.</p> <p>What else do you need to do beyond mandated reporting?</p> <p><i>Allow time for reporting out to the group. Use the guidelines at the end of this guide to assist you with covering all of the topics for this scenario. Make sure you have a good discussion around the scenario.</i></p>
		<p>(Only Title will appear initially – click 3 times to add names of plans on this slide <u>after exercise</u>)</p> <p>Now let's talk about the plans we have in place to help guide us with working with an individual. On a post it note on your own, write down as many plans as you can identify. Use one post it per plan name.</p> <p>Now, with your table mates, determine what you have duplicated. Remove the duplicates. Who has the most plans names? <i>Give a small prize to the group with the most identified plans</i>)</p> <p>Every individual that we support in our industry has plans that staff need to follow. These vary from person to person and there are more than this indicates. We will talk about each one for our purposes here today.</p>
		<p>Regardless of which plan is used to document, there are some things that always apply.</p> <p>Ask: What does it mean to be proactive?</p>








		<p><i>Being proactive means doing things before they become an issue.</i></p> <p>What are some of the things that you do every day to be proactive to prevent injuries or other bad things from happening? (answers can include moving trip hazards, to ensuring medications are given to the correct person at the right time.)</p> <p>Remember that the client must feel safe and trust that you have their back no matter what.</p> <p>Check clothing and body for injuries or items that could cause injury. Repair or replace clothing as needed.</p> <p>How do you know the person you support feels safe? (Allow discussion.)</p>
		<p>Review the slide.</p> <p>If you support someone who does these checks on their own, do you have to do them as well?</p> <p>Remember we are being proactive and we don't want to have inattention blindness.</p> <p>Reasonably clean home <i>(discuss that people have different standards of "clean" – ask for examples of what goes outside of "reasonably clean")</i> What are the expectations of reasonably clean at your agency?</p> <p>All chemicals properly stored Any safety issue that does not fall under reporting</p> <p>And what do you do when things are out of place?</p>
		<p>Be assertive when you find health & safety issues requiring immediate correction</p> <p>Secure all potentially dangerous items when necessary (knives, toxins, hand soap, cleaners, spoiled food). Anything that is locked or restricted needs to be addressed in a plan – so don't start securing things without consulting with your supervisor. If it <i>is</i> written into a plan that it should be secured – then you should ensure that it <i>always</i> is secured!</p> <p>BE VIGILANT!</p>
		<p>Questions need to be addressed on a regular basis. In your agency, how often do you address these items?</p>





		<p><i>Review the information on the slides and provide information about frequency of when these items are to be checked and restocked. There may not be formal ways to track or document all of these things – but staff should always be alert for and addressing any issues.</i></p>
		<p>On page 15 in the handouts you will see some additional ideas about your role in protecting the people you support.</p>
		<p><i>Assign each table a different scenario from 2A to 2k and have them determine the situation and what to do. Allow enough time for reporting out to the larger group and discussion. Make sure that each group reads their scenario so the whole group can hear what they were working with.</i></p> <p><i>Answer questions as they come up. Good job! You will be great at this! (Maybe You are already good at this!)</i></p>
		<p>Take a look at your list of plans. Did you include individual therapies and medical plans? The next one we will discuss is Individual safety. Remember that getting to know someone is not just about their paperwork!</p>
		<p>Know ALL the medical conditions, diagnoses, and medical protocols for the individual Know the individual you support as a PERSON first to understand their needs. When we start with medical or other system issues, we tend to forget the person and just work within the system. But your job is to work with the person and find the systems that support them.</p> <p>When we say follow up on all issues, how does that apply to the individual safety plan?</p> <p>At your tables, quickly talk about the safety plans you have in place and what you would need to review on a regular basis for the success of that plan.</p> <p>Would someone like to share theirs?</p> <p>And as always, be prepared to show visiting partners where all plans are kept. If you keep some at the office, you need to know where they are.</p>
		<p>The plan that seems to get the most attention is the Positive Behavior Support Plan. Since not all clients have them it's important to note that these plans contain instructions for how to prevent something from happening that may be upsetting or dangerous for the person you support.</p> <p><i>Ask: If you don't follow the PBSP and you allow a client to be upset or escalate to their challenging behavior, are you possibly being abusive? (Allow for some discussion as there is no simple answer to this. You have instructions in the PBSP to prevent this</i></p>

		<p><i>from happening.)</i></p> <p>If you do nothing to prevent are you abusive?</p> <p>What if the person has these challenging behaviors and you take them to the Dr. and ask for an increase in medication but you know you didn't do any of the prevention. Are you abusive? <i>(Stop and reflect on the possibilities of this question.)</i></p> <p>These are questions to continue to ask yourself. You are in the trenches every day. What could you do to follow these PBSP instructions more thoroughly?</p> <p>Let's talk for a moment about restrictive procedures. When can you use them? <i>(Discuss when they have been approved, and when they can be used without approval such as in an emergency related to safety like a person in the street who won't move)</i> Why do you have to document all of them? When would it be appropriate to reduce these restrictive procedures? <i>(With each event as appropriate, at the annual meeting, every 6 months when the IISP is reviewed, others?)</i></p>
		<p>Positive behavior support plans actually contain prevention measures to prevent injury, illness, challenging behaviors and they tell you WHAT to do. Knowing and implementing these techniques and de-escalation procedures are part of the pro-active part of your job. Could you be identified as an abuser if you fail to follow these prevention strategies? Why or why not? <i>(In theory, if you are not using the strategies you are setting someone up and that's emotional abuse.)</i></p>
		<p>As you look at this list of questions, do you have any responsibility if the "other staff" did something not quite ethical or appropriate? What could you do?</p> <p>How would you tell someone in the community that it's ok for you to place your hands on the person you support? <i>(They would hear you ask for permission to touch, you are treating them with respect, the client appears to feel safe and calm with you)</i></p>

		<p>And as always, know where you keep these plans so you can have easy access to them.</p>
		
		<p>Review the items on the slides. Direct participants to page 20. Once you have made a report of suspected sexual assault you may never know the outcome of the investigation and you may not discuss it with anyone but your supervisor and the police who come to investigate. That means no one! Take a look at your handouts to see what some signs of sexual abuse may look like.</p>
		<p>One of the issues we continue to see for people we support is staff's unwillingness to call 911 for help. If you have a person in a medical emergency, you are to call 911. If you question if this is an emergency but you don't know what to do, call 911 anyway!</p> <p>We also continue to have problems with staff who don't know the options once a person goes to the hospital. Think back to the story I told you at the start of this class. The event that took place included a visit to the hospital. Actually more than one visit to the hospital. At least on one occasion he was released from the hospital before he was ready and before additional plans had been put in place to support him.</p> <p>There are some decision making points that will be addressed with you, the family and the agency as well as the individual to ensure that they remain safe and are able to recover. You may have a client who goes to the ER and is taken to the ICU. From there, the client may be stepped down to care that is still appropriate but requires less intensive medical support. This is cheaper. You may agree or you may experience a feeling that what is being suggested is not appropriate. You DO play a role in where the person rehabilitates and it will be your job to advocate for the client as well as your agency. Taking someone home when you cannot support them may be considered to be negligent.</p>








		<p>Page 21. You may see any one or all of these settings when discussing a medical discharge plan. You may be discharged and sent home, you may be discharged and sent to an assisted living facility for a short period of time. There is no set order. Each discharge will require its own plan and the whole team needs to be on board.</p> <p>You will need to consider policies, plans for seizure protocols, how medications or treatment will be managed. You will need to talk to a nurse delegator if necessary. No one should go home without all plans in place and with full knowledge of what needs to happen. If you cannot support the care necessary, do not hesitate to support a different setting. That may mean that you will no longer support the person in the home they have always known and you may no longer be their staff.</p>
		<p>Be Assertive! Act confidently when questioning the actions of medical personnel, when it relates to your client returning safely to the residential setting.</p> <p>Discuss with your supervisor before you discharge to home. Make sure you have all plans in place and that your agency really can support the therapies and treatments at home.</p> <p>Decline person's return to home if agency cannot support needs. IF you cannot support the medical requirements of the person when you get them home, why would you accept their discharge? Your supervisor and Case Manager can help with alternative arrangements while the person heals, receives therapy or other requirements.</p>
		<p>Review slide</p>
		<p>Review slide</p>
		<p>Remember some conditions may require special plans:</p> <p>Page 22 Supervision, Safety, Cross System Crisis</p>

		
		<p>One more time – let's practice with discharge planning: Refer to Scenario 3.</p> <p>On your own, review the scenario. Review instructions on the slide. Allow 5-10 minutes based on number of people in class. Allow time for reporting to the large group.</p>
		
		<p>Page 23. Cross systems plans. Imagine a time when you had to coordinate multiple people to complete a task. What did you do for communication? (<i>take some answers</i>) (<i>calendars, email, updates</i>) How did you resolve problems? Conflicts? (<i>take some answers</i>). <i>Be ready to hand out the problems.</i></p> <p>Your task in the next five minutes is to find two other people in the room that you have not worked with today. GO!</p> <p>Within your group, determine how you will solve the problem you have been handed. Each person must donate their skill set to the solution. For instance, if the problem were to take a person to the Doctor, one would call the Dr., one would drive and the other would go to the appointment.</p> <p>Now what happens when something isn't going quite well? (<i>Hand out the next problem to arise based on the 1st problem. Be sure to give the right scenario to the corresponding group.</i>)</p> <p>What happened when the second part of the scenario was given to you? (<i>Take some answers from the group.</i>)</p>
		
		
		<p>Knowing whom to call and when is really just part of what you have already been trained to do. Earlier we put this phone number into your contacts on your cell phones. Do not be afraid to call this number. Your job as a direct support professional is to support the client to have the life they want. DO you believe they</p>

		<p>would choose a life of abuse and mistreatment? OF course not.</p> <p>Please turn to the end of the handouts to see two documents. One is an evaluation and the other is a test for this course. Please complete the test and the evaluation and turn these in for your certificate. You have earned 2 hours of continuing education towards your annual requirements</p>
		
		<p>Direct participants to complete the test on page 27 at the back of their handouts. Ask them to remove the test, complete it and hold it for your review.</p> <p>Review the answers to the test when everyone is finished. Allow each participant to correct their own test so they learn from the correct response if they were incorrect.</p> <p>The main test was the practice sessions. You do not keep the tests in your records. Please collect and shred.</p>
		<p>Thank them for the time they have spent and provide them with contact information for on-going technical assistance.</p>
		<p><i>Direct participants to the evaluations in their handout section. Ask them to tear it off of the back of the handouts, complete it and return it to you to get their certificate.</i></p> <p>After class, review the evaluations, make corrections to the course as needed and keep the evaluations for 6 years. Electronic copies are acceptable.</p> <p>You may need to build a report for DSHS with your evaluations so please ensure that you begin to maintain copies and follow your contracted requirements.</p>

Bibliography:

Visuals used in this Facilitator's Guide. All visuals are used with permission under a Creative Commons License or were free and are labeled here or in the Power point to attribute the creator.

 Clipart.co	Activity
 <p> https://www.google.com/search?biw=1536&bih=733&site=imghp&tbm=isch&sa=1&btnG=Search&q=toolkit+icon&oq=toolkit&gs_l=img.12..0l10.360790.361782.0.370872.7.5.0.2.2.0.96.378.5.5.0....0...1c.1.64.img..0.7.400.HFcvS96-AKo#imgdii=z2HL0bQUte0ESM%3A%3Bz2HL0bQUte0ESM%3A%3BCoqcJzi9rzwALM%3A&imgrc=z2HL0bQUte0ESM%3A </p>	Participant toolkit/ handouts
 Clip arts	Trainer idea or note
 <p> https://commons.wikimedia.org/wiki/File:White_square_with_question_mark.png </p>	Discussion / Questions to ask
 http://www.clipartbest.com/clipart-di79jjei9	What to say, answers to questions
 http://www.clipartbest.com/clipart-7caKbeKoi	Video clips
 http://cliparts.co/clipart/607993	Use easel sheets

This course was originally designed by Linda Gil, DDA for Case Managers.

Evaluation

Date:

Course: Beyond Mandated Reporting

Trainer:

1. List three things you learned today.

1.

2.

3.

2. Something you will do differently in the future as a result of this training:

3. Something that surprised you:

	Low				high
4. The material was relevant to my job.	1	2	3	4	5
5. The material was well presented and held my interest.	1	2	3	4	5
6. The presenter was knowledgeable.	1	2	3	4	5
7. The presenter was respectful.	1	2	3	4	5

8. My favorite thing about this training:

9. Please contact me: (optional)

Name:

Phone:

Email:

