Ministry of Children and Youth Services

Infant Hearing Program (IHP) Training Evaluation Form

Regional Trainer Code: _____ Date (DD/MM/YY): _____ Location: _____

1) At the end of this training session, I feel I am prepared to:

Place a √ at the desired agreement rating	Agree Strongly (1)	Agree (2)	Neutral (3)	Disagree (4)	Disagree Strongly (5)
Obtain client data to complete screening forms					
Prioritize clients to be screened					
Describe the overall process of screening to parents					
Explain the ADPOAE procedure to parents					
Explain the AABR procedure to parents					
Perform ADPOAE screening on newborns					
Perform AABR screening on newborns					
Document screening results to meet regional IHP requirements					
Provide results and brochures to parents					
Explain follow-up supports and services					
Comply with local infection control procedures					
Order supplies, materials & brochures					
Troubleshoot equipment					
Follow regional IHP returned merchandise form(s) procedures					

COMMENTS (please use the reverse side if you need additional room)

2) PRESENTER

Place a √ at the desired agreement rating	(1)	(2)	(3)	(4)	(5)
The presenter was clear to understand					
The presenter was able to answer questions in a knowledgeable/understandable fashion					
The materials reinforced the presenter's message					

COMMENTS

3) READINESS

Place a √ at the desired agreement rating	(1)	(2)	(3)	(4)	(5)
I feel ready to start screening					
I have continued learning needs					

COMMENTS

Thank you for providing this important feedback.
It will be used to refine future training sessions.

Ontario

Infant Hearing Program Training Reflective Practice

For Regional Trainers (Keep for your records)

Location: _____ # of Participants: _____ Date: _____

We have chosen the LEaP SOAP method for guiding reflective practice (Aronson et al., 2012).

STEP 1: Choose an experience during this training session that triggered questions or concerns for you, such as: (1) where you didn't have the necessary knowledge or skills; (2) which was complex, surprising, uncomfortable or uncertain; (3) in which you felt personally or professional challenged.

STEP 2: SUBJECTIVE: Describe the experience from STEP 1, as fully as you can. Consider what happened. Discuss how it happened. How did you approach the situation? How did you perform? How did the behaviors/choices of your participants impact you?

STEP 3: OBJECTIVE: Reconsider the experience from STEP 1, by obtaining another person's perspectives i.e. your IHP Regional Coordinator.

STEP 4: PLAN: Make a plan to address future similar challenges. The plan should be SMART. SPECIFIC, MEASURABLE, ATTAINABLE, RELEVANT, and TIMELY (see below for examples)

SMART Objective Example: Prior to my next training workshop, I will obtain specific strategies that I can use when I have one attendee who continually asks questions throughout the presentation, slowing the presentation down, and frustrating other attendees. I will measure the success of the strategy if I am able to use it during another presentation session, and monitor participant response.