

# Trainer Evaluation & Feedback form

**Trainer Name:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Observer/Peer Reviewer:** Click or tap here to enter text.

## Instructions

Below, describe the Structured Decision Making® (SDM) curriculum that the trainer delivered. Then complete the following sections of this evaluation to support new trainer development.

* Section 1: Self-Assessment (to be completed by the trainer)

Section 2: Trainer Observation/Peer Feedback (to be completed by those providing feedback)

## Training Curriculum

Note the title of the training curriculum delivered, including the specific section(s).

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| --- |
| **CORE AREAS OF TRAINING CONTENT COVERED (select all that apply)** |
| **CURRICULUM TYPE**  | **SDM® ASSESSMENT TOOL(S)** |
| [ ]  Structured Skills and Assessment Lab (Common Core 3.5)[ ]  SDM Foundations[ ]  Advanced Training Module: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Rigorous and Family-Centered Safety Planning[ ]  Advanced Series for Supervisors | [ ]  SDM Overview and Foundations[ ]  SDM Hotline Tools[ ]  SDM Safety Assessment[ ]  SDM Risk Assessment[ ]  SDM Reunification Assessment[ ]  SDM Risk Reassessment |

## Section 1: Self-Assessment—Enhancing Your skills

Self-assessment allows trainers to think about their comfort and development of soft skills. Where do you feel strongest and most confident? Where do you feel like your skills could still grow? Where might you want to reflect, practice, and/or follow up with a coach?

### Instructions

Complete the following sections. Rate your confidence and identify areas to work on.

| **1. Not confident 2. A little confident 3. Somewhat confident 4. Confident 5. Very confident** |
| --- |
| **HOW CONFIDENT ARE YOU IN YOUR ABILITY TO:** | **1** | **2** | **3** | **4** | **5** |
| 1. Create a learning environment where trainees can feel comfortable and participate in the learning.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Introduce the training and its overall purpose. Orient the trainees to the training’s flow and key sections so they know what to expect.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Explain core concepts and technical pieces clearly.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Integrate and unpack conversations about race equity in the training room.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Support open dialogue, discussion, and questions.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Support trainees with opportunities for practice.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Gather group feedback about the training and how it could be improved.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **A training skill I am good at:** |
| Click or tap here to enter text. |
| **A training skill I want to improve:** |
| Click or tap here to enter text. |
| **A next step I could take in my development as a trainer:** |
| Click or tap here to enter text. |

## Section 2: Trainer Observation and Feedback

Trainer observation is an opportunity for an individual skilled in training the SDM system to evaluate a new trainer’s understanding and delivery of SDM training and their Integrated Core Practice Model (ICPM).

Rate the trainer from 1 to 5, thinking about areas the trainer may want to develop further. Select N/A (not applicable) if the trainer did not teach a content area during the “teach back” or training.

| **1. Not at all 2. A little 3. Somewhat 4. A lot 5. Extremely** |
| --- |
| **QUESTION** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **SDM System/Assessments** |
| 1. How effective was the trainer in communicating the overall content in this section?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. How effective was the trainer in communicating the underlying values behind the SDM tool(s) and how they support decision making?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. How effective was the trainer in training the technical aspects of the SDM tool(s)?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. To what extent did the trainer connect key learning to Safety-Organized Practice (SOP)/ICPM and accompanying practice skills?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. To what extent did the trainer explicitly address working collaboratively with youth and families?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Practice Exercise** |
| 1. How effective was the trainer in setting up the practice exercise?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. How effective was the trainer in engaging with participants throughout the exercise?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. How effective was the trainer in facilitating group learning and report-out following the exercise?
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **A training area I think the trainer understands well:** |
| Click or tap here to enter text. |
| **A training area I think the trainer may want to develop further:** |
| Click or tap here to enter text. |
| **A next step the trainer could take to understand the material:** |
| Click or tap here to enter text. |

## Key SOP or ICPM Areas in this Training Delivery

[ ]  SOP foundations

[ ]  Solution-Focused Questions

[ ]  The Collaborative Assessment and Planning (CAP) Framework or structured case consultation

[ ]  Collaborative safety planning

[ ]  Involving and strengthening networks

[ ]  Collaborative case planning

[ ]  Ensuring youth and family have a voice