

Name:

Date:

Training Title: Individualized Intensive Interventions: Strategy Choice and Planning; Designing Behavioral Support Plans

Trainer:

Reference #:

Number of Sessions in Training:

Total # of hours in Training: Two Hours

Thank you for your participation in this training. To help us make sure this training taught what we hoped it would, we ask that you complete this survey. Your responses will tell us what was taught well and what areas of the training may need to be changed to teach it better. You may use your materials to help you answer the questions, but you may not talk with others in the class while you complete it.

PLEASE NOTE: Your answers are not used toward a grade, will not affect your completion of the course, and are not used in the awarding of hours or CEUS.

SECTION I

Think back to what you knew and did **BEFORE** you took this training. Rate the knowledge and skills you think you had before taking this training.

KNOWLEDGE AND SKILLS	BEFORE I took this training my knowledge and skills were:				
1. The significant impact of PBS on families	1 (Low)	2	3	4	5 (High)
2. The six steps in the Support Plan development	1 (Low)	2	3	4	5 (High)
3. Action planning forms purpose and mechanics	1 (Low)	2	3	4	5 (High)

Think back to what you learned in this training. Rate the knowledge and skills you have now that you've taken the training in the **AFTER** column.

KNOWLEDGE AND SKILLS	AFTER I took this training my knowledge and skills were:				
1. The significant impact of PBS on families	1 (Low)	2	3	4	5 (High)
2. The six steps in the Support Plan development	1 (Low)	2	3	4	5 (High)
3. Action planning forms purpose and mechanics	1 (Low)	2	3	4	5 (High)

SECTION II:

Please answer the following questions by clearly writing your response in the space provided. You may review your training materials, but you may not share or discuss your responses with other participants.

1. Describe the impact PBS has on children and families when they include Intensive Individualized Interventions.
2. Describe the six steps in Support Plan Development.
3. What are action planning forms?
4. What information is recorded on action planning forms?
5. What is the most important idea, concept, or theory that you learned in this training that you did not already know?

FOR TRAINER USE ONLY

Section III Rating Scale

Score each question using the following guide:

- 5**- Excellent- The response demonstrates **exceptional** knowledge of the concept
- 4**- Strong- The response demonstrates **more than adequate** knowledge of the concept
- 3**- Good- The response demonstrates **adequate** knowledge of the concept
- 2**- Fair- The response demonstrates **less than adequate** knowledge of the concept
- 1**- Poor- The response demonstrates **inadequate** knowledge of the concept

Core Competencies Addressed

- **Core Knowledge Area (CKA):** Observing, Documenting, Screening and Assessing Young Children and Their Families
- **Key Elements (KE):** Understand the goals, benefits, purposes, and uses of screenings and assessments
- **Tier/Level (T):** IV
- **Core Competency (CC):** Use the results of child assessment to assist in developing Individual Educational Plans (IEPs), Individual Family Service Plans (IFSPs), or care plans for children with special needs, and to improve staff practices