

Evaluation of Training Theory and Examples

The goal of training within most organizations is to cause changes in individual behaviors that positively affect the individuals and the organization.

Measurement of where the organization is in relation to the goal and whether or not training is helping the organization progress toward that goal is the process of training evaluation.

In the field of adult training, it is generally accepted that there are three specific reasons for evaluating training. The most common reason is to justify the existence of the training by showing how it contributes to an organization's goals and objectives. The second reason is to gain information on how to improve current and future training. The third reason is to decide whether to continue or discontinue the training.

Although many models for categorizing training evaluation have been proposed (Philips, 1991), the model recommended by the American Public Human Services Association (1999) is that of Kirkpatrick (1998). Kirkpatrick suggests that there are four main levels at which the quality of training may be evaluated.

This first level of training evaluation is to determine the level of satisfaction of the participants with the training they receive. Most often, questionnaires are handed out at the end of each training session to gather data needed to determine the participants' level of satisfaction and suggestions on how to improve the training. This level of evaluation is based on the assumption that if the participants are not satisfied with the trainer(s) instructional skill and techniques, the training materials and aids, the training content, and other items such as the physical environment, then the training will not be as effective as possible. It is important to remember, however, that the participants' reactions, positive or negative, do

not guarantee that learning has or has not taken place (Johnson & Kusmierck, 1987; Pecora, Delewisk, Booth, Haapala, & Kinney, 1985).

For a level-one evaluation questionnaire to be predictive of positive behavioral changes within the participants, the evaluation techniques must first be reliable and valid. The reliability of an evaluation technique requires that the technique be consistent. The validity of an evaluation techniques requires that it measures what it purports to measure. The UT-SWORPS evaluation unit constructs level-one evaluation questionnaires that have, in the past, demonstrated high correlation coefficients with overall satisfaction of the participants. Examples of level-one questionnaires developed by the UT-SWORPS evaluation unit are shown in [\(Level 1 Inst 1.doc and Level 1 Inst 2.doc, and TNCCPT Level 1.doc\)](#).

The second level of training evaluation involves the measurement of knowledge, skills, and/or attitudes (competencies) gained through training. Often, evaluations at this level range from paper-and-pencil tests to simulations and other performance measures. Again, it is important to remember that the competencies gained through training do not guarantee that the participants will apply them when they return to the job. The UT-SWORPS evaluation unit constructs level-two training evaluation instruments that are completely based on the competencies taught in each training session. These instruments are competency based and are completed by the instructor. Over the years, instructor's opinion has proven to be the most reliable measure of achievement by the participants on the job. Examples of level-two evaluations instruments are shown in [\(Level 2 Inst 1.doc through Level 2 Inst 8.doc\)](#).

Transfer of training or competencies gained through training are measured in level three. Research in the field of workforce education and development suggest many alternative methods to answer the major research question of level-three training evaluations (are participants' applying knowledge, skills, and abilities learned through a training intervention on the job). One widely accepted method

is the transfer of training evaluation model (TOTEM), developed by Westinghouse Electric Corporation in the mid-1990s. Westinghouse shared TOTEM with hundreds of trainers worldwide; many, including the UT-SWORPS evaluation unit, indicated that they use the model to evaluate the transfer of training (Kirkpatrick's level three).

The purpose of the TOTEM is to provide an efficient method for determining the effectiveness of objective-driven classroom training. Specifically, TOTEM measures the transfer of training from the classroom to the job. TOTEM accomplishes this through anonymous, post-training surveys of participants and their supervisors. The model focuses on responses to three fundamental questions concerning each course's learning objectives.

- Before the class, could you (or your employee) perform the task taught during training on a specific learning objective?
- If asked, can you (or your employee) now perform the task taught during training on a specific learning objective?
- How often are you (or your employee) performing the task taught during training on a specific learning objective on the job?

Trans-Measure, developed by Bill Keeley (1999) at the U.S. Department of Energy Carlsbad Area Office, is an offspring of the TOTEM. The trouble with TOTEM is that it is cumbersome and it fails to measure the importance of a task to the organization, its customers, and to the participants. The Trans-Measure streamlines the level-three evaluation process, measures the importance of a task (level four – impact on the organization), and puts the measurement results in a user-friendly format.

Trans-Measure can be administered on paper, or electronically via e-mail, the Intranet, or the Internet. Paper administration is the best method for organizations

that have a significant number of employees who do not have access to networked or on-line computers.

Trans-Measure calls for participants and their supervisors to be surveyed six months to a year after they complete a training course. This amount of time allows participants to perform the tasks covered in the training course on the job.

Trans-Measure requires the preparation of a survey instrument for each course. If the course has well-written, task-level performance-based objectives, preparing the survey can be as simple as adding the course title in the appropriate places and cutting and pasting course objectives into the left-most column as shown ([Level 3 Inst 1.doc](#) and [Level 3 Inst 2.doc](#)).

The surveys are distributed to the participants and supervisors (supervisor's surveys are worded slightly different to reflect how a participant is doing on the job) and are marked to allow comparison of matched pairs. After assembling and reviewing all of the completed surveys each task response that matches the following training transfer pattern is identified:

- Did you know how to perform this skill before you took the course? NO.
- Do you remember how to perform this skill and could you perform it today if asked? YES.
- How often do you perform this skill on the job? YEARLY, MONTHLY, WEEKLY, or DAILY.

The number of tasks responses that match the training transfer pattern are divided by the total number of task responses to determine the overall transfer of training rate for the course. Next, the course prior knowledge rate is calculated by counting each task response that has YES marked in the second column. Divide the number of YES responses by the total number of task responses to determine the prior knowledge rate for the course.

The prior knowledge rate provides you with an indication of what percentage of the course's content is unnecessary: if they already know it, why train them? Using this information and data gathered on individual objectives, the instructor can eliminate some content and expand the instruction in subject areas where employees experienced difficulty.

Next, calculate the course "did not stick" rate by counting each task response that has NO marked in the third column. Divide the number of third column NO responses by the total number of task responses to determine the "did not stick" rate for the course.

The "did not stick" rate provides an indication of what percentage of the course's content was incomprehensible and/or unmemorable. Using this information and data gathered on individual objectives, the instructor is able to expand the instruction in subject areas where employees experienced difficulty.

Next, calculate the course value-added score (impact on the organization) by adding up all of the numbers marked in columns 4 and 5 in which transfer of training occurred (NO in column 2, YES in column 3, and greater than 1 in column 4) to obtain a raw score. Divide the raw score by the total number of potential columns 4 and 5 responses to determine the value added rating. Note that the highest possible value added rating is 5.0 (all training transferred, participants use all of it daily on the job, and consider it all to be very important) and the lowest possible rating is 0.0 (no transfer of training occurred at all). The value-added rating provides a unique means of quantifying the true value of training. Not only does it factor in the transfer of training rate, but it also factors in training-acquired skill usage, and task importance. As with the other measures, the most important thing that you can do with the value-added rating is to compare them over time.

Finally, compare the participants' responses with the supervisors' responses. Frequently, participants tend to underrate their skills and supervisors tend to overrate their employees' skills. The difference in ratings can be calculated by analyzing the variance of the two populations. Also, if the course is taught by more than one instructor or in more than one location, an analysis of variance may be necessary to identify instructor or location problems.

TDHS Induction Pre-Training Evaluation

Date: _____

District: _____

Please take a moment to evaluate your Pre-Training experience so we can improve the quality of our training. This information will be kept confidential and no names or individual information will be reported or shared with these data.

Directions: On the following three questions, please circle the letter that best reflects your pre-training experience?

1. How long were you in pre-training?

- a. Did not participate in pre-training
- b. 1 – 5 days
- c. 6 – 10 days
- d. 11 – 15 days
- e. More than 15 days

2. During pre-training who was your primary contact person?

- a. Your supervisor
- b. Your trainer
- c. Other (*Please specify*) _____

3. How often did you meet with your primary contact person during pre-training?

- a. Zero times
- b. 1 – 2 times
- c. 3 – 4 times
- d. 5 – 6 times
- e. 7 – 10 times
- f. 11 – 15 times
- g. More than 15 times

Directions: Please read each of the following statements then circle the number to the right that best reflects your opinion.

4. How satisfied were you with each of the following? (Please circle a response for each item)	Very Dissatisfied	Dissatisfied	No Opinion	Satisfied	Very Satisfied
a. The number of meetings I had with my primary contact person.	1	2	3	4	5
b. The subjects I discussed during our meetings.	1	2	3	4	5
c. The purpose of the meetings.	1	2	3	4	5

Directions: Please read each of the following statements then circle the number to the right that best reflects your opinion.

5. Support (Please circle a response for each item)	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. I understood the directions for completing each activity.	1	2	3	4	5
b. I could easily access the required resources for completing each activity.	1	2	3	4	5
c. I had adequate time to complete each activity.	1	2	3	4	5

Please complete page 2

Directions: Please indicate which of the following Pre-Training activities you completed by circling either **Yes** or **No** in the adjacent columns. On each of the activities you completed, please indicate if it was helpful or not by circling either **Yes** or **No** in the next columns. If you did not complete an activity, briefly explain why not.

6. Pre-Training Activity	Completed Activity		Was It Helpful		If you did not complete the task, why not?
	Yes	No	Yes	No	
a. Toured local office and completed checklist	Yes	No	Yes	No	
b. Attended New Employee Orientation and completed checklist	Yes	No	Yes	No	
c. Completed Reading 1 (Dept. of Human Services) and worksheet	Yes	No	Yes	No	
d. Learned office mechanics (phone system, voice mail, copy machine, fax machine, printer, E-mail) and completed checklist	Yes	No	Yes	No	
e. Completed Reading 2 (Food Stamps) and worksheet	Yes	No	Yes	No	
f. Completed Readings 3 and 4 (Families First) and worksheet	Yes	No	Yes	No	
g. Completed Readings 5 and 6 (Medicaid/TennCare) and worksheet	Yes	No	Yes	No	
h. Observed waiting room and completed reaction sheet	Yes	No	Yes	No	
i. Observed front desk and completed reaction sheet	Yes	No	Yes	No	
j. Completed Reading 7 (Case Management) and worksheet	Yes	No	Yes	No	
k. Completed Reading 8 (Multicultural Case Management) and worksheet	Yes	No	Yes	No	
l. Observed interview with seasoned case manager and completed worksheet	Yes	No	Yes	No	
m. Interviewed seasoned case manager and completed worksheet	Yes	No	Yes	No	
n. Discussed pre-training experience with supervisor/trainer	Yes	No	Yes	No	
o. Previewed upcoming classroom training	Yes	No	Yes	No	
p. Discussed job plan with supervisor/trainer	Yes	No	Yes	No	

7. How would you improve Pre-Training?

Thank you!

TDHS Induction Module Training Evaluation

Date: _____

Module: _____

Trainer(s): _____

District: _____

Please take a moment to evaluate this training program so we can improve the quality of our training. This information will be kept confidential and no names or individual information will be reported or shared with these data.

Directions: Please circle the number that best describes your opinion or answer each open-ended question with your own words in the space provided.

HOW DO YOU RATE THIS TRAINING MODULE

1. Trainer(s) <i>(Please circle a response for each item.)</i>	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. Clearly communicated the course objectives and focused the training on the objectives.	1	2	3	4	5
b. Effectively organized the presentation.	1	2	3	4	5
c. Demonstrated competence in the subject matter.	1	2	3	4	5
d. Kept the training interesting and lively.	1	2	3	4	5
e. Established a favorable climate for learning (e.g., allowed freedom to question, to differ, to be quiet, to laugh, etc.).	1	2	3	4	5
f. Used effective group management techniques (e.g., encouraged everyone to join in discussions).	1	2	3	4	5
g. Adjusted the pace of the training as needed.	1	2	3	4	5
h. Answered questions to my satisfaction.	1	2	3	4	5
2. Training materials and aids <i>(Please circle a response for each item.)</i>	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. Clarified and reinforced the content.	1	2	3	4	5
b. Were organized so I could easily find information during training.	1	2	3	4	5
c. Were easy to understand.	1	2	3	4	5
d. Will be a valuable reference tool on the job.	1	2	3	4	5
3. Training content <i>(Please circle a response for each item.)</i>	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. There was enough policy information included in the training.	1	2	3	4	5
b. There was enough information about eligibility and case management procedures in the training.	1	2	3	4	5
c. There was enough practice time for me to master the skills.	1	2	3	4	5

Please complete page 2

4. Facilities and equipment <i>(Please circle a response for each item.)</i>	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. The classroom was arranged well.	1	2	3	4	5
b. The classroom physical environment (e.g., temperature, lighting, acoustics, etc.) was comfortable.	1	2	3	4	5
c. All equipment necessary to conduct this training module was available and functioning properly.	1	2	3	4	5
5. Overall satisfaction <i>(Please circle a response.)</i>	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. Overall, this was a good training module.	1	2	3	4	5

6. How was the length of this training module?

1. Too short 2. Just about right 3. Too long

7. How was the pace of this training module?

1. Too slow 2. Just about right 3. Too fast

8. What changes should be made to improve this training module?

9. Do you need additional training in any area(s) covered in this training module?

10. Additional comments/suggestions:

Thank you!

Catchment Area:
 Month Day Year



Home County: Hrs.

Type of Training:

- Administrative
- Child Development
- Early Childhood Education
- Health & Safety
- Dev. Appropriate Behavior Mgmt.

PROGRAM NAME: _____

INSTRUCTOR(S): _____

Delivery Method:

- Series
- Workshop
- Self-Study
- WEB Based
- Other

Type of Agency:

- Family Home Care
- Group Home Care
- Center Care
- Other

Agency or Employer: _____ **Job Title:** _____

Please take a moment to evaluate this training so we can improve the quality. This information will be kept confidential and no names or individual information will be reported or shared with these data.

Please circle the number that best describes your opinion or answer each open-ended question in your own words in the spaces provided. If this training is self-study or WEB based, please leave items 2 through 9 and item 14 blank.

Item No.	Items	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1.	This training was well planned and organized.	1	2	3	4	5
2.	The instructor(s) clearly presented the training content.	1	2	3	4	5
3.	The instructor(s) was easy to understand.	1	2	3	4	5
4.	The instructor(s) respectfully answered questions.	1	2	3	4	5
5.	The instructor(s) answered questions to my satisfaction.	1	2	3	4	5
6.	The instructor(s) demonstrated competence in the subject matter.	1	2	3	4	5
7.	The instructor(s) was considerate of ethnic, cultural, and gender differences of all students in this class.	1	2	3	4	5
8.	The instructor(s) took into consideration ethnic, cultural, and gender differences in teaching the content of the course.	1	2	3	4	5
9.	Overall, the instructor(s) was an excellent teacher.	1	2	3	4	5
10.	The training materials and aids were well organized so I could easily find information during training.	1	2	3	4	5
11.	I am satisfied with the way this training prepared me for my job.	1	2	3	4	5
12.	The content of this training contained knowledge and skills that I can apply to my job.	1	2	3	4	5
13.	The training materials will be a valuable reference tool on my job.	1	2	3	4	5
14.	The physical environment of the classroom was comfortable and conducive to my learning.	1	2	3	4	5
15.	I would recommend this training to others.	1	2	3	4	5
16.	Overall, this was an excellent training session.	1	2	3	4	5

17. How was the length of this training? 1. Too short 2. Just about right 3. Too long

18. How was the pace of this training? 1. Too slow 2. Just about right 3. Too fast

19. What changes should be made to improve this training? _____

20. In what areas do you feel you need additional training? _____

21. Other comments or suggestions: _____

Thank you!

TDHS Training Evaluation Skill Assessment Food Stamps, Module 3 Participant Rating Form

Participant: _____

Trainer: _____

Date: _____

District: _____

Trainer instructions: Using the 5-point scale provided on the skill areas listed below, please rate the participant's proficiency level. Base your ratings on the participant's formal assessment and your observation of the participant in training thus far. When you complete this rating form, give feedback to the participant and help the participant develop a *Professional Development Plan*, listing any skill area(s) that need improvement, and the action steps needed to improve the skill area(s).

Skill Area	Not Acceptable	Marginal	Good	Superior	Exceptional
1. Understands and applies the basics of ACCENT (i.e., signing on/off, security, system structure, and system navigation techniques).	1	2	3	4	5
2. Acquaints applicants with the application process (i.e., the application form, types of applicants, and timeliness standards).	1	2	3	4	5
3. Understands and applies the aspects of non-financial eligibility including citizenship, identity, residence, household composition, and enumeration.	1	2	3	4	5
4. Investigates applicants' resources (resource limits, jointly owned, liquid, non-liquid, exempt, and non-exempt).	1	2	3	4	5
5. Considers applicants' income (income limits, types of earned/unearned income, and treatment of income in eligibility determination).	1	2	3	4	5
6. Explores applicants' deductions (standard, dependent care, earned income, shelter, and child support).	1	2	3	4	5
7. Understands and applies the aspects of work requirements (ABAWD, work registration, voluntary quit, good cause, sanctions, and conciliation).	1	2	3	4	5
8. Understands and applies grouping hierarchy, EBT, approval and denial codes, certification periods, budgeting and summary screens.	1	2	3	4	5
9. Understands and applies policy and ACCENT procedures for cases with special circumstances (expedited households, students, customers who are self-employed, and those with medical deductions).	1	2	3	4	5
10. Understands and applies the continuing responsibilities including changes, recertifications, restorations, supplements, and case transfers.	1	2	3	4	5

Participant's signature: _____

Trainer's signature: _____

By signing this form, the trainee indicates that he/she has reviewed and understands the ratings on this form, and that the ratings have been discussed with him/her. It does not indicate that the trainee agrees with the ratings.

Food Stamps, Module 3 Professional Development Plan

Participant: _____

Trainer: _____

Date: _____

District: _____

Trainer Instructions: From the *Participant Rating Form*, write in any skill area in need of improvement as a specific area for improvement on this Professional Development Plan. Indicate your rating by writing the corresponding number in the “Rating” box to the right of “Specific area for improvement.” Next, determine the action steps (1 – 10) needed to improve performance and write them in the spaces provided. It is important that you developing this plan with the participant.

Participant Instructions: Please take this plan with you to Practice and Prep. Your supervisor/trainer will assist you in completing the action steps and provide feedback on your progress at the end of Practice and Prep. Return the completed plan to you trainer at the beginning of the next training module.

Specific area for improvement	Rating	Action steps
_____	1.	_____
_____	2.	_____
_____	3.	_____
_____	4.	_____
_____	5.	_____
_____	6.	_____
_____	7.	_____
_____	8.	_____
_____	9.	_____
_____	10.	_____

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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		8.
		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
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		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
		3.
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		6.
		7.
		8.
		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
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		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
		3.
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		6.
		7.
		8.
		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
_____		1. _____
_____		2. _____
_____		3. _____
_____		4. _____
_____		5. _____
_____		6. _____
_____		7. _____
_____		8. _____
_____		9. _____
_____		10. _____

Supervisor/Trainer comments:

Participant's signature: _____ Trainer's signature: _____

By signing this form, the trainee indicates that he/she has reviewed and understands the **“Supervisor/Trainer comments”** on this form, and that the comments have been discussed with him/her. It does not indicate that the trainee agrees with the comments.

**TDHS Training Evaluation Skill Assessment
Families First Fundamentals, Module 4 – Part 1
Participant Rating Form**

Participant: _____

Trainer: _____

Date: _____

District: _____

Trainer instructions: Using the 5-point scale provided on the skill areas listed below, please rate the participant’s proficiency level. Base your ratings on the participant’s formal assessment and your observation of the participant in training thus far. When you complete this rating form, give feedback to the participant and help the participant develop a *Professional Development Plan*, listing any skill area(s) that need improvement, and the action steps needed to improve the skill area(s).

Skill Area	Not Acceptable	Marginal	Good	Superior	Exceptional
1. Understands and constructs Families First assistance groups on ACCENT.	1	2	3	4	5
2. Demonstrates knowledge of Families First policy regarding non-financial eligibility and correctly enters case information into ACCENT.	1	2	3	4	5
3. Understands and applies Families First policy related to deprivation of parental support.	1	2	3	4	5
4. Understands and applies Families First policy related to child support.	1	2	3	4	5
5. Explores resources and determines financial eligibility and correctly enters case information into ACCENT.	1	2	3	4	5
6. Explores income and determines financial eligibility and correctly enters case information into ACCENT.	1	2	3	4	5
7. Determines income eligibility and appropriate payment for Families First using ACCENT.	1	2	3	4	5
8. Explains the department and customer’s responsibilities regarding the Personal Responsibility Plan.	1	2	3	4	5

Participant’s signature: _____

Trainer’s signature: _____

By signing this form, the trainee indicates that he/she has reviewed and understands the ratings on this form, and that the ratings have been discussed with him/her. It does not indicate that the trainee agrees with the ratings.

Families First Fundamentals, Module 4 – Part 1 Professional Development Plan

Participant: _____

Trainer: _____

Date: _____

District: _____

Trainer Instructions: From the *Participant Rating Form*, write in any skill area in need of improvement as a specific area for improvement on this Professional Development Plan. Indicate your rating by writing the corresponding number in the “Rating” box to the right of “Specific area for improvement.” Next, determine the action steps (1 – 10) needed to improve performance and write them in the spaces provided. It is important that you develop this plan with the participant.

Participant Instructions: Please take this plan with you to Practice and Prep. Your supervisor/trainer will assist you in completing the action steps and provide feedback on your progress at the end of Practice and Prep. Return the completed plan to your trainer at the beginning of the next training module.

Specific area for improvement	Rating	Action steps
_____	1.	_____
_____	2.	_____
_____	3.	_____
_____	4.	_____
_____	5.	_____
_____	6.	_____
_____	7.	_____
_____	8.	_____
_____	9.	_____
_____	10.	_____

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
		3.
		4.
		5.
		6.
		7.
		8.
		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
		3.
		4.
		5.
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		7.
		8.
		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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		8.
		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
_____		1. _____
_____		2. _____
_____		3. _____
_____		4. _____
_____		5. _____
_____		6. _____
_____		7. _____
_____		8. _____
_____		9. _____
_____		10. _____

Supervisor/Trainer comments:

Participant's signature: _____ Trainer's signature: _____

By signing this form, the trainee indicates that he/she has reviewed and understands the “**Supervisor/Trainer comments**” on this form, and that the comments have been discussed with him/her. It does not indicate that the trainee agrees with the comments.

**TDHS Training Evaluation Skill Assessment
Families First In-Depth, Module 4 – Part 2
Participant Rating Form**

Participant: _____

Trainer: _____

Date: _____

District: _____

Trainer instructions: Using the 5-point scale provided on the skill areas listed below, please rate the participant’s proficiency level. Base your ratings on the participant’s formal assessment and your observation of the participant in training thus far. When you complete this rating form, give feedback to the participant and help the participant develop a *Professional Development Plan*, listing any skill area(s) that need improvement, and the action steps needed to improve the skill area(s).

Skill Area	Not Acceptable	Marginal	Good	Superior	Exceptional
1. Uses case management skills to motivate customers toward self-sufficiency and complies with program requirements.	1	2	3	4	5
2. Understands and develops an individualized work plan.	1	2	3	4	5
3. Understands and applies Families First policy related to support services, incentives, and bonuses.	1	2	3	4	5
4. Understands, verifies, and determines ongoing eligibility for Families First.	1	2	3	4	5
5. Documents Families First changes/case reviews in running records.	1	2	3	4	5
6. Renegotiates individualized work plan with customers.	1	2	3	4	5
7. Understands policy on non-compliance and initiates appropriate case actions for non-compliant customers.	1	2	3	4	5
8. Understands and applies Families First policy related to time limits.	1	2	3	4	5
9. Understands and applies Families First policy related to case closures.	1	2	3	4	5
10. Understands and applies Families First policy to cases with special circumstances (i.e., incapacitated parents, two-parent families with unemployment wage earner(s), etc.).	1	2	3	4	5
11. Accesses and uses information in the JTPA data management system.	1	2	3	4	5

Participant’s signature: _____

Trainer’s signature: _____

By signing this form, the trainee indicates that he/she has reviewed and understands the ratings on this form, and that the ratings have been discussed with him/her. It does not indicate that the trainee agrees with the ratings.

Families In-Depth, Module 4 – Part 2 Professional Development Plan

Participant: _____

Trainer: _____

Date: _____

District: _____

Trainer Instructions: From the *Participant Rating Form*, write in any skill area in need of improvement as a specific area for improvement on this Professional Development Plan. Indicate your rating by writing the corresponding number in the “Rating” box to the right of “Specific area for improvement.” Next, determine the action steps (1 – 10) needed to improve performance and write them in the spaces provided. It is important that you developing this plan with the participant.

Participant Instructions: Please take this plan with you to Practice and Prep. Your supervisor/trainer will assist you in completing the action steps and provide feedback on your progress at the end of Practice and Prep. Return the completed plan to you trainer at the beginning of the next training module.

Specific area for improvement	Rating	Action steps
_____	1.	_____
_____	2.	_____
_____	3.	_____
_____	4.	_____
_____	5.	_____
_____	6.	_____
_____	7.	_____
_____	8.	_____
_____	9.	_____
_____	10.	_____

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
		3.
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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		2.
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
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		9.
		10.

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
		1.
		2.
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Supervisor/Trainer comments:

Participant's signature: _____ Trainer's signature: _____

By signing this form, the trainee indicates that he/she has reviewed and understands the **“Supervisor/Trainer comments”** on this form, and that the comments have been discussed with him/her. It does not indicate that the trainee agrees with the comments.

**TDHS Training Evaluation Skill Assessment
Medicaid/TennCare, Module 5
Participant Rating Form**

Participant: _____

Trainer: _____

Date: _____

District: _____

Trainer instructions: Using the 5-point scale provided on the skill areas listed below, please rate the participant's proficiency level. Base your ratings on the participant's formal assessment and your observation of the participant in training thus far. When you complete this rating form, give feedback to the participant and help the participant develop a *Professional Development Plan*, listing any skill area(s) that need improvement, and the action steps needed to improve the skill area(s).

Skill Area	Not Acceptable	Marginal	Good	Superior	Exceptional
1. Understands and applies technical, non-financial eligibility requirements common to all Medicaid categories that must be met by all applicants.	1	2	3	4	5
2. Understands and applies the Poverty Level Income Standard (PLIS) to categorically needy coverage for pregnant women and children of a specific age.	1	2	3	4	5
3. Determines Medicaid Assistance for Children (MA C) benefits that are available to children under the age of 21.	1	2	3	4	5
4. Understands and applies policies and procedures of Medicaid for individuals who are eligible for benefits because they are 65 or older, blind, or disabled.	1	2	3	4	5
5. Understands and applies the "spenddown" process of reducing a budget group's income with incurred medical expenses to achieve Medicaid eligibility.	1	2	3	4	5
6. Investigates and applies policies governing eligibility for the Qualified Medicare Beneficiaries (QMB) and Special Low Income Medicare Beneficiaries (SLMB) programs.	1	2	3	4	5
7. Demonstrates familiarity with special circumstances in which ACCENT is unable to make a determination of eligibility and performs FIATS and Overrides to accurately determine Medicaid eligibility.	1	2	3	4	5
8. Demonstrates knowledge of the ACCENT hierarchy groupings related to the Medicaid categories.	1	2	3	4	5
9. Demonstrates knowledge of Tennessee's managed care health plan (TennCare) to people who do not have access to health care.	1	2	3	4	5

Participant's signature: _____

Trainer's signature: _____

By signing this form, the trainee indicates that he/she has reviewed and understands the ratings on this form, and that the ratings have been discussed with him/her. It does not indicate that the trainee agrees with the ratings.

Medicaid/TennCare, Module 5 Professional Development Plan

Participant: _____

Trainer: _____

Date: _____

District: _____

Trainer Instructions: From the *Participant Rating Form*, write in any skill area in need of improvement as a specific area for improvement on this Professional Development Plan. Indicate your rating by writing the corresponding number in the “Rating” box to the right of “Specific area for improvement.” Next, determine the action steps (1 – 10) needed to improve performance and write them in the spaces provided. It is important that you developing this plan with the participant.

Participant Instructions: Please take this plan with you to Practice and Prep. Your supervisor/trainer will assist you in completing the action steps and provide feedback on your progress at the end of Practice and Prep. Return the completed plan to you trainer at the beginning of the next training module.

Specific area for improvement	Rating	Action steps
_____	1.	_____
_____	2.	_____
_____	3.	_____
_____	4.	_____
_____	5.	_____
_____	6.	_____
_____	7.	_____
_____	8.	_____
_____	9.	_____
_____	10.	_____

Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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Supervisor/Trainer comments:

Specific area for improvement	Rating	Action steps
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		12.
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		18.
		19.
		20.

Supervisor/Trainer comments:

Participant's signature: _____ Trainer's signature: _____

By signing this form, the trainee indicates that he/she has reviewed and understands the **“Supervisor/Trainer comments”** on this form, and that the comments have been discussed with him/her. It does not indicate that the trainee agrees with the comments.

TDHS Induction Training Evaluation Caseworker Follow-up Survey

Date: _____

District: _____

Directions: Based on the training you received, please read each of the following statewide skill expectation statements then answer the first two questions by circle either **Yes** or **No**. Answer the last two questions by circling the number that best reflect your opinion.

These are the statewide skills expectations that the Department wants you to meet following Induction Training:	Did you know how to perform this skill <i>before</i> you took the course?		Do you remember how to perform this skill? Could you perform it today if asked?		How often do you perform this skill on the job?					How important is it to your success and the success of your customers that you perform this skill effectively?				
	Yes	No	Yes	No	Never	Yearly	Monthly	Weekly	Daily	Unimportant	Not Very Important	Somewhat Important	Important	Very Important
1. Conduct interviews with customers to obtain accurate and complete information used to determine eligibility.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
2. Gather customer information and obtain verification of information by reviewing documentary evidence and/or making collateral contacts.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
3. Determine benefit eligibility for all family assistance programs, using the ACCENT system.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
4. Review ACCENT budgets and assistance groups to ensure correct composition of assistance groups and accurateness of benefits.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
5. Document details of required verifications, explanation of rights and responsibilities, services and benefits provided, and other case-related activity in running record.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
6. Authorize cases by entering the appropriate reason code and schedule reapplication/recertification dates.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
7. Explain Families First program requirements and desired outcomes to customers.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
8. Explain customer and TDHS responsibilities, as outlined in the Personal Responsibility Plan, and obtain customers' signatures indicating understanding of and agreement with the plan.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
9. Conduct case reviews on all family assistance cases, as required by policy.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
10. Verify and determine on-going eligibility, based on reported changes.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5

Please complete page 2

These are the statewide skills expectations that the Department wants you to meet following Induction Training:	Did you know how to perform this skill <i>before</i> you took the course?		Do you remember how to perform this skill? Could you perform it today if asked?		How often do you perform this skill on the job?					How important is it to your success and the success of your customers that you perform this skill effectively?				
	Yes	No	Yes	No	Never	Yearly	Monthly	Weekly	Daily	Unimportant	Not Very Important	Somewhat Important	Important	Very Important
11. Document changes/case review interview in running record.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
12. Initiate sanctions by generating FIAT with supervisor's involvement to authorize reduction or discontinuation of customers' Families First check and/or Food Stamp allotment, according to policy.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
13. Sanction customers for non-compliance through removal of non-compliant customer or case closure, as indicated.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
14. Construct manual budget and re-determine eligibility, based on changes.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
15. Explain Food Stamp work requirements and make appropriate referrals.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
16. Review and respond to system-generated ALERTS to monitor, prioritize, and manage workload.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
17. Review bulletins/e-mails for policy changes/clarifications, update policy manual regularly, and apply policy changes and clarifications in work with customers.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
18. Conduct medical/social assessment, prepare narrative, and provide follow-up, as needed.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5

Do you have Families First cases? *(Please circle the appropriate response.)*

1. Yes 2. No

(If yes, complete the following items. If no, leave them blank.)

19. Develop individualized, mutually negotiated work plans with customers that consider the customers' goals and desired outcomes and include work activities and supportive services that will lead to self-sufficiency, and document as required.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
20. Motivate customers to work toward self-sufficiency and to comply with program requirements using case management skills.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5

Thank you!

TDHS Induction Training Evaluation Supervisor Follow-up Survey

Date: _____

District: _____

Directions: Based on the training your Caseworker received, please read each of the following statewide skill expectation statements then answer the first two questions by circle either **Yes** or **No**. Answer the last two questions by circling the number that best reflect your opinion.

These are the statewide skills expectations that the Department wants your Caseworker to meet following Induction Training:	Did your Caseworker know how to perform this skill <i>before</i> he/she took the course?		Does your Caseworker remember how to perform this skill? Could he/she perform it today if asked?		How often does your Caseworker perform this skill on the job?					How important is it to your success and the success of your customers that your Caseworker performs this skill effectively?				
	Yes	No	Yes	No	Never	Yearly	Monthly	Weekly	Daily	Unimportant	Important	Not Very Important	Somewhat Important	Very Important
1. Conduct interviews with customers to obtain accurate and complete information used to determine eligibility.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
2. Gather customer information and obtain verification of information by reviewing documentary evidence and/or making collateral contacts.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
3. Determine benefit eligibility for all family assistance programs, using the ACCENT system.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
4. Review ACCENT budgets and assistance groups to ensure correct composition of assistance groups and accurateness of benefits.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
5. Document details of required verifications, explanation of rights and responsibilities, services and benefits provided, and other case-related activity in running record.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
6. Authorize cases by entering the appropriate reason code and schedule reapplication/recertification dates.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
7. Explain Families First program requirements and desired outcomes to customers.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
8. Explain customer and TDHS responsibilities, as outlined in the Personal Responsibility Plan, and obtain customers' signatures indicating understanding of and agreement with the plan.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
9. Conduct case reviews on all family assistance cases, as required by policy.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
10. Verify and determine on-going eligibility, based on reported changes.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5

Please complete page 2

These are the statewide skills expectations that the Department wants your Caseworker to meet following Induction Training:	Did your Caseworker know how to perform this skill <i>before</i> he/she took the course?		Does your Caseworker remember how to perform this skill? Could he/she perform it today if asked?		How often does your Caseworker perform this skill on the job?					How important is it to your success and the success of your customers that your Caseworker performs this skill effectively?				
	Yes	No	Yes	No	Never	Yearly	Monthly	Weekly	Daily	Unimportant	Not Very Important	Somewhat Important	Important	Very Important
11. Document changes/case review interview in running record.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
12. Initiate sanctions by generating FIAT with supervisor's involvement to authorize reduction or discontinuation of customers' Families First check and/or Food Stamp allotment, according to policy.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
13. Sanction customers for non-compliance through removal of non-compliant customer or case closure, as indicated.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
14. Construct manual budget and re-determine eligibility, based on changes.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
15. Explain Food Stamp work requirements and make appropriate referrals.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
16. Review and respond to system-generated ALERTS to monitor, prioritize, and manage workload.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
17. Review bulletins/e-mails for policy changes/clarifications, update policy manual regularly, and apply policy changes and clarifications in work with customers.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
18. Conduct medical/social assessment, prepare narrative, and provide follow-up, as needed.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5

Does your Caseworker have Families First cases? *(Please circle the appropriate response.)*

1. Yes 2. No

(If yes, complete the following items. If no, leave them blank.)

19. Develop individualized, mutually negotiated work plans with customers that consider the customers' goals and desired outcomes and include work activities and supportive services that will lead to self-sufficiency, and document as required.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
20. Motivate customers to work toward self-sufficiency and to comply with program requirements using case management skills.	Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5

Thank you!