

# OJT Evaluation

## December 10, 2007 (Day 1)

**I. Length of time employed at Jefferson County CYF?** \_\_\_\_\_

**II. Section Competencies**

This course has included the following competencies. Please rate your knowledge BEFORE & AFTER the training on a scale of 1-5 (1 = weak, 5 = strong). Please rate the presenter & their knowledge of the topic on a scale of 1-5 (1 = weak, 5 = strong)

Competency	(1 = weak, 5 = strong)		(1=weak, 5=strong)	Feedback
	BEFORE The Training	AFTER The training	Presenter Knowledge	
Organizational Structure & Function				
Family To Family Practice				
Interviewing, Intake, Law Enforcement & Placement Evaluations				
Innovations in Child Welfare				
TANF/CW Collaboration (JCC Grant)				
Case Planning & Independent Living				
Placement Services				
Visiting Time				
Angry & Hostile Client				

**III. Training Content**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1. Subject matter was at right level	___	___	___	___	(___)
2. My clients will benefit from the information I learned from this training.	___	___	___	___	(___)
3. I learned specific job-related knowledge and/or skills	___	___	___	___	(___)
4. I will be able to do my job better because of this training	___	___	___	___	(___)

*In the space below, please write any suggestions or comments for improving this training:*

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