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*).

<table>
<thead>
<tr>
<th>Competency</th>
<th>BEFORE The Training</th>
<th>AFTER The training</th>
<th>Presenter Knowledge</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Structure &amp; Function</td>
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<td>Family To Family Practice</td>
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<tr>
<td>Interviewing, Intake, Law Enforcement &amp; Placement Evaluations</td>
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<tr>
<td>Innovations in Child Welfare</td>
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<tr>
<td>TANF/CW Collaboration (JCC Grant)</td>
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<tr>
<td>Case Planning &amp; Independent Living</td>
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<tr>
<td>Placement Services</td>
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<tr>
<td>Visiting Time</td>
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<tr>
<td>Angry &amp; Hostile Client</td>
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</table>

III. **Training Content**

1. **Subject matter was at right level**
   - Strongly Disagree __ __
   - Disagree __ __
   - Agree __ __
   - Strongly Agree __ __
   - Don’t Know (___)

2. **My clients will benefit from the information I learned from this training.**
   - Strongly Disagree __ __
   - Disagree __ __
   - Agree __ __
   - Strongly Agree __ __
   - Don’t Know (___)

3. **I learned specific job-related knowledge and/or skills**
   - Strongly Disagree __ __
   - Disagree __ __
   - Agree __ __
   - Strongly Agree __ __
   - Don’t Know (___)

4. **I will be able to do my job better because of this training**
   - Strongly Disagree __ __
   - Disagree __ __
   - Agree __ __
   - Strongly Agree __ __
   - Don’t Know (___)

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

________________________________________________________________________

________________________________________________________________________