

Shield of Care™ Trainer's Information



Directions: Please complete one Trainer's Information form for each Shield of Care training you conduct. At the end of each training, please complete this form and use a rubber band or paper clip to attach the trainers form to the completed pre/post survey packets. Please mail this form and the pre/post survey packets within 30 days to Ms. Lygia Williams (TDMHSAS). The address is listed below.

Ms. Lygia Williams, M.A.
Tennessee Lives Count
Tennessee Department of Mental Health & Substance Abuse Services
601 Mainstream Drive
Nashville, TN 37243

Part I: Training Information

1. Training Date: ____/____/____
2. Duration of the Training: ____ Hours ____ Min.
3. Name of the Juvenile Justice facility where the training was held: _____
4. How many trainers led the Shield of Care Training (e.g. one, two): _____
5. For each trainer, please list their work title and highest level of education completed:

	Work Role Title (e.g. Case manager, Nurse)	Highest Level of Education Completed (e.g. B.S., M.A.)
Trainer 1		
Trainer 2		
Trainer 3		

Part II: Data Collection

6. How many individuals (Juvenile Justice staff) participated in the training? _____



7. How many Shield of Care Pre/Post Survey Packets were collected? _____

Part III: Trainer Comments

8. We are interested in your thoughts about how the training went. Please record your comments for each question below.
- a) What parts of the training, if any, did you implement differently than what was described in the Shield of Care Manual? If there were any changes made due to time/resource constraints/ preference (e.g. omitting an activity), please describe these below.

 - b) Were there any situational barriers outside of the training itself that could have impacted the training outcomes (e.g. Training room extremely hot due to broken Air Conditioner)? If so, please describe these below.

 - c) Overall, how did the staff respond to the Shield of Care Training? Please record your observations below.

 - d) What, if anything, did you learn from this training about how the Shield of Care Training could be improved?

 - e) Please offer any additional comments regarding the Shield of Care training or the survey collection process.

Signature of Shield of Care Trainer(s): _____



