

APPENDIX D

STEPPING STONES TO RECOVERY PARTICIPANT EVALUATION FORM

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Training Evaluation Form

Stepping Stones to Recovery

Date:
 Location:
 Training Team:

I. Participant Background

1. I work at an agency that is primarily a... (Circle one)
 1. Mental health agency
 2. Homeless service agency
 3. SSA or DDS office
 4. Other (please specify) _____
2. At the above agency, my current job is... (Circle one)
 1. Outreach worker
 2. Case Manager
 3. Shelter Worker
 4. Benefits Specialist
 5. Program Coordinator/Supervisor
 6. Other (specify) _____
3. My position is PATH-funded? Yes No Don't Know
4. About how many adults did you assist with SSI or SSDI applications in the past year?
 1. None
 2. Less than 1 per month
 3. About 1 per month
 4. Between 1 and 3 per month
 5. About 1 per week
 6. More than 1 per week
5. About what proportion of adults who you have assisted with SSI or SSDI applications are typically approved on their *initial* application?
 1. None
 2. 1-25 percent
 3. 26-50 percent
 4. 51-75 percent
 5. 76-100 percent
 9. Not applicable
6. For applications where you have assisted people, what is the approximate length of time between application and *initial* decision?
 1. 3 months or less
 2. 4-6 months
 3. 7-12 months
 4. More than 12 months
 9. Not applicable

II. Training Evaluation Questions <i>To what extent do you agree/disagree with each statement below as it relates to this training?</i>	Circle One			
	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a better understanding of the differences between SSI and SSDI, including the health insurance offered and eligibility requirements	1	2	3	4
2. I am better able to identify the non-medical criteria for SSI/SSDI eligibility.	1	2	3	4
3. I have a better understanding of the disability determination process and how to develop medical evidence to support a disability claim.	1	2	3	4
4. I have a clearer understanding of the role of functional information in the determination of disability.	1	2	3	4
5. I feel more equipped to thoroughly interview a client and assess his/her functioning.	1	2	3	4
6. I will be able to write a comprehensive medical summary to be submitted for disability determination.	1	2	3	4

7. Overall, I feel this training will help me do a better job assisting individuals with SSI/SSDI applications.	1	2	3	4
8. The trainer was knowledgeable and well-prepared.	1	2	3	4
9. The trainer was interesting and held my attention.	1	2	3	4
10. The trainer presented the information clearly.	1	2	3	4
11. The training was organized in a way that was conducive to learning.	1	2	3	4
12. Attendees were given numerous opportunities to ask questions and discuss the material.	1	2	3	4
13. The trainer provided helpful answers to our questions.	1	2	3	4
14. The pace of the training program was just right — not too fast and not too slow	1	2	3	4
15. The interactive role play and/or video helped me explore how I will use the information in my own work.	1	2	3	4
16. The written materials supported the presentation.	1	2	3	4
17. The PowerPoint materials supported the presentation.	1	2	3	4
18. The balance of information among written materials, slides, and presentation was effective.	1	2	3	4
19. The exercises helped me to better understand the material being covered.	1	2	3	4
20. The worksheets will be useful tools for my work in the field.	1	2	3	4

21. Overall, how satisfied were you with the information provided during the training program? (Circle the box that most closely expresses your opinion)

Very Dissatisfied 1	Dissatisfied 2	Neutral 3	Satisfied 4	Very Satisfied 5
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22. Overall, how satisfied were you with the way in which the training session was organized and presented?

Very Dissatisfied 1	Dissatisfied 2	Neutral 3	Satisfied 4	Very Satisfied 5
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23. What were two things you liked most about the training?

- a. _____
b. _____

24. What were two things you disliked most about the training?

- a. _____
b. _____

25. What specific suggestions would you make to improve the training?

