



Trainer Skills Survey

Please return to applicant in a sealed envelope for submission to Louisiana Pathways along with their Trainer Approval application.

The following individual is requesting to be an approved trainer through Louisiana Pathways Early Learning Center Career Development System. Please complete the following survey regarding their adult training methods and skills. The purpose of this information is to evaluate this applicant's suitability as an approved Child Care Trainer. We appreciate your time in completing this survey.

Applicant's Name _____

How many times have you observed this applicant train adult learners?

- 1-2 times 3-5 times More than 5 times

How long have you known this trainer applicant? _____

In what capacity have you known this applicant? _____

Please list a sample of training topics presented by this trainer during your observations. _____

Please check the presentation methods which were demonstrated by this trainer during your observations.

- Icebreakers Brainstorming Scenarios Lecture Hands-on activities
 Problem-solving Hand-outs Games Video clips Small Group Activities
 Group presentations Individual activities Practice Case Studies Partner Activities
 Role Playing Photos/Posters Discussions Charts Demonstrations
 Examples PowerPoint Presentations

Please check the communication, organizational and facilitation skills which were demonstrated by this trainer during your observations.

- Appropriate body language Speaks clearly & audibly Is approachable & friendly Responsive
 Conveys information clearly Manages group dynamics well Provides for feedback Flexible
 Meets training objectives Makes training relevant Is approachable & friendly Responsive
 Manages time effectively Information is well-organized Well-prepared Knowledgeable
 Respects experience & knowledge of participants Sensitive to differences in experience, gender, ethnicity & culture
 Assesses and responds to needs of participants Provides for practical application of concepts taught

Comments (may continue on back if needed): _____

I certify that the above information is an accurate and objective reflection of this applicant's trainer methods and skills.

Observer's Signature _____ Date _____

Observer/Colleague's Name (Please Print) _____ Phone (____) _____ - _____

E-Mail _____

Name of Agency _____ Job Title _____