



PRE-SERVICE / IN-SERVICE EVALUATION OF TRAINEE

State Form 52760 (R3 / 4-22)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This form is to be completed by the trainer upon an applicant's completion of Pre-Service or In-Service training, as necessary, to document feedback. The completed form should be submitted to the licensing worker. See policies [12.05 Pre-Service Training Requirements](#) and [12.14 In-Service Training Requirements](#) for more information

TRAINING INFORMATION

Type of training			
<input type="checkbox"/> Training of Trainers (TOT)	<input type="checkbox"/> Pre-service	<input type="checkbox"/> In-service	<input type="checkbox"/> Permanency
Name of trainee		Name of trainer	
Dates of training (month, day, year)	Training site	Licensing Agency	
Session(s)		In-service training name	
<input type="checkbox"/> RAPT 1	<input type="checkbox"/> RAPT 2	<input type="checkbox"/> RAPT 3	<input type="checkbox"/> RAPT 4

BEHAVIORAL OBSERVATIONS & TRAINER COMMENTS

	Sometimes	All of the time	None of the time
Participates in discussions Examples: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pays attention to presentations Examples: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays threatening / intimidating behaviors Examples: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrives late or leaves early Examples: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths / needs of trainee and overall impressions / observations

Perceived willingness and ability to apply material to real-life situations

Signature of trainer	Printed name of trainer	Date (month, day, year)
Signature of trainer	Printed name of trainer	Date (month, day, year)