

Trainee ID Code

Date   /   /    
M M / D D / Y Y

## **SELF-ASSESSMENT OF LEARNING**

FOR EACH OF THE AREAS LISTED BELOW:

1. Rate your knowledge or skill before completing Caregiver & Perpetrator Neglect.
2. Rate your knowledge or skill after completing Caregiver & Perpetrator Neglect.

KNOWLEDGE OR SKILL	BEFORE TRAINING					AFTER TRAINING				
	No Understanding		Full Understanding			No Understanding		Full Understanding		
Understanding of the various types of caregiver & perpetrator neglect	1	2	3	4	5	1	2	3	4	5
Distinguishing between formal and informal caregivers	1	2	3	4	5	1	2	3	4	5
Familiarity with State Statutes of neglect and Serious Bodily Injury	1	2	3	4	5	1	2	3	4	5
An understanding of how to work with law enforcement	1	2	3	4	5	1	2	3	4	5
Indicators of caregiver & perpetrator neglect	1	2	3	4	5	1	2	3	4	5
Understanding the serious nature of caregiver & perpetrator neglect	1	2	3	4	5	1	2	3	4	5
Recognizing victims' characteristics	1	2	3	4	5	1	2	3	4	5
Understanding how a victim's history may play a role in caregiver neglect	1	2	3	4	5	1	2	3	4	5
Recognizing behavioral indicators of neglect	1	2	3	4	5	1	2	3	4	5
Utilization of open-ended questions when responding to victim's behavioral indicators	1	2	3	4	5	1	2	3	4	5
Understanding of who are the perpetrators of caregiver neglect	1	2	3	4	5	1	2	3	4	5
Recognizing the characteristics and behaviors of adult abuse perpetrators	1	2	3	4	5	1	2	3	4	5
Theories of caregiver & perpetrator neglect	1	2	3	4	5	1	2	3	4	5
Distinguishing between voluntary and involuntary caregivers	1	2	3	4	5	1	2	3	4	5
How the caregiver's condition may be a contributing factor to caregiver neglect	1	2	3	4	5	1	2	3	4	5
The influence of family violence or dysfunction on caregiver neglect	1	2	3	4	5	1	2	3	4	5
Caregivers' mistreatment is not necessarily linked to the amount of care they provide	1	2	3	4	5	1	2	3	4	5
The influence of cultural and social issues as contributing factors of caregiver neglect	1	2	3	4	5	1	2	3	4	5
The influence of a caregiver's attitudes about death & dying on caregiver neglect	1	2	3	4	5	1	2	3	4	5
Assessing for safety & risk in caregiver neglect investigations	1	2	3	4	5	1	2	3	4	5

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## SELF-ASSESSMENT OF LEARNING

FOR EACH OF THE AREAS LISTED BELOW:

1. Rate your knowledge or skill before completing Case Documentation & Report Writing.
2. Rate your knowledge or skill after completing Case Documentation & Report Writing.

KNOWLEDGE OR SKILL	BEFORE TRAINING					AFTER TRAINING				
	No Understanding		Full Understanding			No Understanding		Full Understanding		
Recognizing other forms of mistreatment when investigating caregiver neglect	1	2	3	4	5	1	2	3	4	5
Assessing the living environment in caregiver neglect investigations	1	2	3	4	5	1	2	3	4	5
Assessing for physical /medical impairments	1	2	3	4	5	1	2	3	4	5
Assessing for financial and/or social situation in caregiver neglect investigations	1	2	3	4	5	1	2	3	4	5
Assessing the perpetrators' awareness and cooperation	1	2	3	4	5	1	2	3	4	5
Assessing for capacity in a caregiver neglect investigation	1	2	3	4	5	1	2	3	4	5
The role of self-determination in a caregiver neglect investigation	1	2	3	4	5	1	2	3	4	5
Understanding how co-dependency may be a factor in caregiver neglect	1	2	3	4	5	1	2	3	4	5
Understanding how caregiver stress in not a primary cause of neglect	1	2	3	4	5	1	2	3	4	5
Distinguishing between unintentional and intentional neglect	1	2	3	4	5	1	2	3	4	5
Victim interviewing techniques	1	2	3	4	5	1	2	3	4	5
Perpetrator interviewing techniques	1	2	3	4	5	1	2	3	4	5
The influence that safety and risk has in implementing a service plan	1	2	3	4	5	1	2	3	4	5
Understanding how the living environment may influence the service plan	1	2	3	4	5	1	2	3	4	5
The influence physical & medical impairments has in creating a service plan	1	2	3	4	5	1	2	3	4	5
Financial and/or social situation impact on service planning	1	2	3	4	5	1	2	3	4	5
The influence a client's capacity influence has on service planning	1	2	3	4	5	1	2	3	4	5
Developing a comprehensive service plan based on the five domains of assessment	1	2	3	4	5	1	2	3	4	5
Understanding of services that are available to caregivers	1	2	3	4	5	1	2	3	4	5

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**APS Caregiver & Perpetrator Neglect  
Transfer of Learning (TOL) Activity**

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**Instructions:**

Please note: In order to receive full credit and a certificate of completion for the Caregiver & Perpetrator Neglect core training, the following on the job activity must be completed and **submitted within 2 weeks of the training date.** The due date for this activity is \_\_\_\_\_.

Below is a step-by-step guide for completion:

1. Read the following brief scenario and complete the 5 questions that follow the scenario.
2. After completing this activity, schedule a time with your supervisor or a senior staff member to discuss your answers.
3. Please mail to Krista Brown in the pre-addressed/posted envelope provided. Please include a return address as your certificate of completion will be mailed to you after receipt.

For questions, please contact Krista Brown, APS Training Project Coordinator at 510-419-3613 or [krbrown@projects.sdsu.edu](mailto:krbrown@projects.sdsu.edu)

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### Scenario – Scott – age 38

- [ 1 ] Scott was born with cerebral palsy. He grew up in a rural area of the state and was living in his family’s home that he inherited when both of his parents passed away. Scott was the only child and had no relationship with any relatives. Scott utilized a motorized wheelchair to visit the local establishments that were about a half a mile away from his home. At this time, Scott had the use of his hands and upper body area that allowed him to perform certain activities of daily living (e.g. shaving, brushing his teeth, feeding himself, etc) yet he did require some care providing assistance with shopping, housecleaning and meal preparation.
- [ 2 ] Scott was intelligent and verbal, although sometimes difficult to understand. He could be outspoken and abrasive. He was a passionate advocate for people with disabilities, and often made his way to the State Capital to lobby legislators.
- [ 3 ] Over the course of a couple of years, Scott’s condition deteriorated. He eventually found himself in need of 24 hours / 7 days a week care providing services. In order to meet his changing needs Scott hired a live-in caregiver, Amber. Amber received a monthly salary and separate bedroom in Scott’s home.
- [ 4 ] At the time, Scott social network consisted of a couple of acquaintances who he met while advocating for disabilities rights at the State Capital. After meeting them, Amber said that she felt they were not sensitive enough to Scott’s tendency to become tired and that when they visited Scott at home they “would leave him just totally exhausted – that’s when I started telling them not to come over – finally I just had to not let them in because Scott was too tired to see them or he was sleeping.” Eventually, the two acquaintances stopped visiting Scott. In addition, Amber liked to collect things and within 6 months of moving in, Scott’s home became difficult for him to use his motorized wheelchair. The hallways and commonplaces were filled with stacks of newspapers, books, magazines and other paper products. Due to the clutter, Scott was confined to his room and no longer visited the local establishments.
- [ 5 ] A couple of months later, Amber’s boyfriend, Frank, moved into Scott’s home after he was evicted from his apartment when he lost his job. Amber said that Frank “is a real expert with guns and he liked to show them to Scott even though Scott was kind of ho-hum about it. That ticked Frank off and hurt his feelings– he felt like Scott should at least try to take an interest.”
- [ 6 ] One morning, Amber and Frank left Scott alone to do some holiday shopping. Soon it started snowing, and the area was rapidly immobilized by a blizzard. The power lines went down causing the heat and light in Scott’s apartment to shut off. Amber and Frank who were shopping in a nearby town decided to stay with friends in order to wait the storm out. They did not call anyone to check on Scott.
- [ 7 ] Because of the blizzard, it was 48 hours before Amber and Frank were able to return to Scott’s home, where he was close to death. They called an ambulance and Scott went to the hospital, and was found to be so impaired that he had to be placed in a nursing home. Amber later told APS that she just assumed Scott would be alright as they had left plenty of blankets and snacks near his bed. She said, “I really think that something else must have been wrong with him; the paramedics said it was only a little under freezing in his room. I’m thinking he probably already had pneumonia or something.”

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Having learned about the five domains of assessment please answer the following questions.

**Questions:**

1. Is there evidence that the victim’s support network diminished? If so, identify the paragraph number.

- [1] [2] [3] [4] [5] [6] [7] [NONE]

2. Under the domain assessment for Risk & Safety, is there a safety issue for the victim or professionals? If so, identify the paragraph number.

- [1] [2] [3] [4] [5] [6] [7] [NONE]

3. Under the domain of assessment for Physical & Medical Impairments, is there a concern about immobility? If so, identify the paragraph number.

- [1] [2] [3] [4] [5] [6] [7] [NONE]

4. Is there a concern about financial exploitation? If so, identify the paragraph number.

- [1] [2] [3] [4] [5] [6] [7] [NONE]

5. The cluttered living space and lack of utilities are under what domain of assessment?  
(Please place a check by your answer)

- Safety & Risk
- Living Environment
- Physical / Medical Impairment
- Financial / Social Situation
- Capacity

6. Amber’s behavior during the snowstorm contributed to Scott’s placement in a SNF. Under what domain of assessment this would be categorized? (Please place a check by your answer)

- Safety & Risk
- Living Environment
- Physical / Medical Impairment
- Financial / Social Situation
- Capacity



# Academy for Professional Excellence

Multi-disciplinary Adult Services Training & Evaluation for Results

Training Evaluation - Satisfaction Survey



Class Name: \_\_\_\_\_

Trainer 1: \_\_\_\_\_ Date: \_\_\_\_\_



Trainer 2: \_\_\_\_\_ Length: \_\_\_\_\_



Trainer 3: \_\_\_\_\_ Location: \_\_\_\_\_



Please enter your TraineeID CODE: \_\_\_\_\_

For each question, please check the box under the number that best represents your assessment of the course, using the scale of 1=strongly disagree and 5=strongly agree. Please print!

		Strongly Disagree					Strongly Agree				
		1	2	3	4	5	1	2	3	4	5
<b>A: Content of the Training</b>											
1.	The competencies and learning objectives were clearly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The training included examples of evidence-based practices and/or best practices related to this topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The training addressed the ethical issues likely to arise in respect to this topic/issue/ area of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The training promoted discussions of ethical issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B: Trainer(s)</b>											
1.	The trainer(s) presented the content of the training clearly and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The trainer(s) displayed a clear understanding of the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The trainer(s) promoted and facilitated discussions of cultural sensitivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The trainer(s) stimulated discussion and was responsive to participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Overall, I am satisfied with TRAINER 1:      0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Overall, I am satisfied with TRAINER 2:      0						N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Overall, I am satisfied with TRAINER 3:      0						N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C: Application Potential of Professional Learning Inventory - APPLI 33</b>											
1.	As a result of the training, I substantially increased my knowledge on this topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	As a result of the training, I have developed new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The training has affected some of my attitudes concerning this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	As a result of this training, I have a better conceptualization of what I already do on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I am motivated to put this training into practice on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I will meet with my supervisor to discuss application of this training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	My supervisor expects me to use this training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Even if no one notices, I will use knowledge learned from this training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The trainer helped me see how the training can be applied on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	The information I received from this training can definitely be used with people I serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I have already made a plan with a co-worker to use this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	There is at least one co-worker who will be supportive of my application attempts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree			Strongly Agree	
					
	1	2	3	4	5
13. I will have sufficient opportunities to practice the new ideas/skills/techniques on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My organization expects me to use the training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I think back to other training I have attended, I can say that I have used the training on the job. I can even think of specific application examples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have a plan to implement this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am very confident that I will use the training on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I will have the time to review materials and make an implementation plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Prior to the workshop, I was motivated to attend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree			Strongly Agree	
					
	1	2	3	4	5
20. During the training, I was thinking of ways I could apply the training content to the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The trainer/training provided sufficient opportunities to practice new information/skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I can think of specific cases/people I serve to which (with whom) this training can be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My supervisor helped to prepare me for this training by discussing my learning needs and potential applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The trainer provided some practical ideas that can be used on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The trainer gave examples of when to use ideas/skills/strategies on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. The trainer helped motivate me to want to try out training ideas on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree			Strongly Agree	
					
	1	2	3	4	5
27. The workshop objectives were adequately addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. This training content is consistent with my agency's mission, philosophy and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. This training content is consistent with my agency's policies and my individual responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. This training will help me to continue learning in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. As a result of the training, I will be a more effective worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The information I learned today can help make a difference with people I serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Overall, I am satisfied with this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide two examples of how you will apply what you have learned in this training to your job:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Suggestions for improving the content of this training:**

\_\_\_\_\_

**Suggestions for improving the presentation of this training:**

\_\_\_\_\_

**Suggestions of other training topics you would like to see us offer:**

\_\_\_\_\_

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## **MASTER DEMOGRAPHIC SURVEY**

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**Dear Training Participant,**

By providing us with the following demographic information, you will be helping us to understand the effectiveness of this training for future participants. Your participation with this survey is completely voluntary and all of the information will be kept entirely confidential. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

**1. What is the HIGHEST level of your formal education? (Check only ONE box)**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> High School  | <input type="checkbox"/> MA/MS Degree   |
| <input type="checkbox"/> Some College | <input type="checkbox"/> MSW  |
| <input type="checkbox"/> BA/BS Degree | <input type="checkbox"/> PsyD   |
| <input type="checkbox"/> BSW Degree   | <input type="checkbox"/> PhD – Field related to social work? → <input type="checkbox"/> Yes <input type="checkbox"/> No |

**2. How long have you been in your current position?**

- Less than 1 Year    1 – 2 years    3 – 5 years    6 – 10 years    11+ years

**3. Do you hold a current license as a mental health practitioner?**

- Yes    No

**If yes, which one?**

- LCSW    MFT    Lic./Registered Psychologist    Other: \_\_\_\_\_

**4. How do you identify yourself in terms of ethnicity/race?**

- |   |   |
|---|---|
| <input type="checkbox"/> African American               | <input type="checkbox"/> Hispanic/Latino (specify): _____ |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Multi-racial (specify): _____    |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Other (specify): _____           |
| <input type="checkbox"/> Caucasian/White                |   |

**5. What is the year were you born?**

\_\_\_\_ \_

**6. What is your gender?**

- Male    Female

**7. Is English your second language?**

- Yes    No

If yes, what is your first language? \_\_\_\_\_

**8. What STATE do you work in? \_\_\_\_\_**

a. If you work in CALIFORNIA, what COUNTY do you work for? \_\_\_\_\_



