



NAFCC TRAINER REFERENCE SURVEY

The following individual is requesting to be an approved trainer through NAFCC Quality Steps Trainer Registry. 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 NAFCC approved Family Child Care Trainer.

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.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Icebreakers | <input type="checkbox"/> Brainstorming | <input type="checkbox"/> Scenarios | <input type="checkbox"/> Lecture |
| <input type="checkbox"/> Hands-on Activities | <input type="checkbox"/> Problem-solving | <input type="checkbox"/> Hand-outs | <input type="checkbox"/> Games |
| <input type="checkbox"/> Individual activities | <input type="checkbox"/> Small group activities | <input type="checkbox"/> Group presentation | <input type="checkbox"/> Video clips |
| <input type="checkbox"/> Partner Activities | <input type="checkbox"/> PowerPoint Presentations | <input type="checkbox"/> Practice | <input type="checkbox"/> Case Studies |
| <input type="checkbox"/> Role Playing | <input type="checkbox"/> Photos/Posters | <input type="checkbox"/> Discussion | <input type="checkbox"/> Charts |
| <input type="checkbox"/> Demonstration | <input type="checkbox"/> Examples | | |

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

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

Additional Comments: _____

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

Observer Signature _____ Date _____

Observer Name (Please Print) _____ Phone _____

Email _____ Job Title _____

Agency Name _____