

**FAMILY GUIDE TO THE CHILD WELFARE SYSTEM  
ORIENTATION EVALUATION**

**Orientation Feedback**

Evaluate your knowledge level before and after the training on a 5 point scale rating.

(1=None 2=Little 3=Some 4=Much 5=A Great Deal)

KNOWLEDGE OF:	BEFORE TRAINING	AFTER TRAINING	COMMENTS
1. Understanding of Child Welfare			
2. Ability to navigate and work with the Child welfare system?			
3. Able to apply the information learned in order to meet your goals successfully?			
4. Comfort level discussing case information with your caseworker?			

**Trainer Feedback**

**Strongly Disagree**

**Disagree**

**Agree**

**Strongly Agree**

- |   |     |     |     |     |
|---|-----|-----|-----|-----|
| 1. Training provided information I needed                                       | ___ | ___ | ___ | ___ |
| 2. I acquired new knowledge that will benefit me personally                     | ___ | ___ | ___ | ___ |
| 3. Trainer's personal experience with Child Welfare was helpful                 | ___ | ___ | ___ | ___ |
| 4. Would recommend this training to other families in the child welfare system. | ___ | ___ | ___ | ___ |
| 5. Trainers helped me to understand the Guide and how to use it.                | ___ | ___ | ___ | ___ |

*Any suggestions or comments for improving this training:*

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