

OBJECTIVE SUMMARY FORM
TRAC 2004 - Partnering with Families to Support Children's Learning Unit

Name: _____

Training Dates: _____

Objective	Activity	Criterion	Score	Objective Met
1. Participants will have an understanding of the training content, objectives, schedule and process.	Participate in introduction activity.	Yes		
	Participate in an overview of the TRAC Curriculum.	Yes		
	Review training materials, schedules and training objectives.	Yes		
	Complete Demographic form.	Yes		
2. Participants will have an understanding of the importance of developing reciprocal relationships with families.	Participate in discussion on DAP and ECSE recommended practices regarding reciprocal relationships with families.	Yes		
	Participate in slippery egg activity	Yes		
	Participate in brainstorming activity on informal ways to build relationships.	Yes		
3. Participants will have information about levels of family functioning and cultural considerations that may impact how services are provided.	Participate in a discussion on how levels of family functioning and cultural considerations impact the way families receive information.	Yes		
	Complete House activity.	83%		
	Complete Values Clarification activity	Yes		

Objective	Activity	Criterion	Score	Objective Met
4. Participants will have information about working with families who have children with disabilities or special needs.	Participate in a discussion about the grief cycle and its recurring nature.	Yes		
	Participate in Block activity.	Yes		
	Complete quiz on grief cycle.	75%		
	View the videotape “My Child has a Disability”.	Yes		
	Discuss parent strategies for coping with disability issues.	Yes		
	Participate in discussion of resources that may be helpful to parents.	Yes		
5. Participants will be able to conduct an effective family meeting.	Participate in a discussion and demonstration of family meeting process.	Yes		
	Brainstorm application of family meeting to own classroom or program.	Yes		
	Participate in a discussion on meeting adaptations for sensitive meetings.	Yes		
	Complete family meeting activity.	Yes		
6. Participant will complete closing activities.	Participate in question and answer session.	Yes		
	Complete objective summary form.	Yes		
	Complete implementation plan.	Yes		
	Complete evaluation activity.	Yes		
	Receive certificate.	Yes		