

PART Participant Evaluation

ase check the session: [] Basic [] Intermediate [] Advanced		with [] Dementia				
Check one: [] initial training [] re-evaluation						
PART Certified Trainer Name(s):	Date:					
Participant Name: (optional)	Length of Session:					
Please use the reverse side of this evaluation if you require a	dditional spa	ace for yo	our con	ιme	nts	3.
Rate yourself for each of the questions below	Prior to the (1 low; 5	After the session (1 low; 5 high)				
I understand my rights under occupational health and safety legislation	1 2 3		1 2			
I understand accountability	1 2 3		1 2			
I understand why individuals are acting out	1 2 3	4 5	1 2			
I understand how my attitude may aggravate situation	1 2 3	4 5	1 2	3	4	5
I am physically and mentally prepared to work with potentially assaultive individuals	1 2 3	4 5	1 2	3	4	5
I know the importance of effective communication to assist with de-escalating an assaultive situation	1 2 3	4 5	1 2	3	4	5
I have a self-control plan	1 2 3	4 5	1 2	3	4	5
I know how I respond in a crisis situation	1 2 3	4 5	1 2	3	4	5
I am able to identify why an individual may be assaultive	1 2 3	4 5	1 2	3	4	5
I am aware of the appropriate response to an assaultive individual	1 2 3	4 5	1 2	3	4	5
I understand the importance of proper documentation	1 2 3	4 5	1 2	3	4	5
Intermediate Program:		,				
I understand the principles of evasion	1 2 3	4 5	1 2	3	4	5
I am able to effectively use the breakaway/evasion techniques in Intermediate	1 2 3	4 5	1 2	3	4	5
Advanced Program:						
I understand the principles of manual restraint	1 2 3	4 5	1 2	3	4	5
I am able to effectively use the manual restraint techniques in Advanced	1 2 3	4 5	1 2	3	4	5
Dementia:						
I understand the difference between redirection and validation	1 2 3	4 5	1 2	3	4	5
Describe one new skill that you will begin to use as soon as y How did your PART trainer help you the most?	ou return to	your job:	:			-
In what way could your PART trainer improve the session?						=

Your comments count – they will be reviewed by the PART certified trainer and may be provided to SASWH. *Thank you* for completing this evaluation form.