



Participant Feedback

Breaking the Silence: Child Abuse Awareness Training

LAUSD Office of the Chief Operating Officer
School Operations

Facilitator's Name: _____

Training Date: _____

School/Unit/Office: _____

Please check the response that best reflects your thinking.

*Strongly
Agree*

*Strongly
Disagree*

PARTICIPANT LEARNING	5	4	3	2	1	N/A
I clearly understand the legal definitions of child abuse after studying the <i>Breaking the Silence Brochure</i> .						
I clearly understand my legal obligation to report suspected child abuse and how to report it after viewing the Child Abuse Reporting DVD .						
I am better equipped to identify and respond to suspected child abuse after working with the <i>Breaking the Silence Scenario Cards</i> .						
I am able to contact the appropriate agency [Local Law Enforcement Agency or the Department of Children & Family Services (DCFS)] to report suspected child abuse given the information on the <i>Breaking the Silence Calling Card</i> .						
I am able to complete and submit a Suspected Child Abuse Report after using the practice materials: Suspected Child Abuse Report Form, Instructions, Practice Scenario, & Mock Emergency Card .						

PROCESS	5	4	3	2	1	N/A
The training was well organized.						
The instructional strategies used effectively supported my learning.						
Participation and interaction were solicited throughout the training.						
Sufficient time was allocated to this training to strengthen my ability to identify, respond to, and report suspected child abuse.						

1) Please describe the component(s) of this staff development that was the most useful and why.

2) Please describe how you might use this information in your job.

3) Please describe the component(s) of this staff development that was the least clear.

4) I would appreciate more information/assistance with . . .

Please return this form to your facilitator.