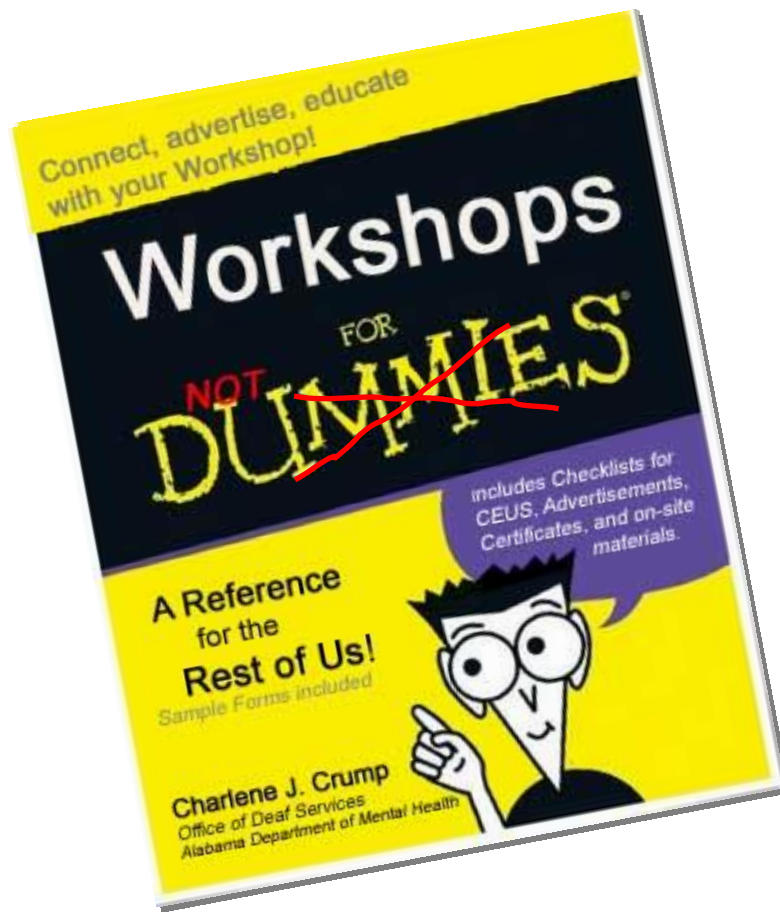


“HOW TO” GUIDE
Sample Forms and Checklists for Workshops and
RID CMP Sponsored Continuing Education Activities



This guide contains SAMPLE forms to assist you in understanding the planning and implementation process for RID CMP sponsored workshops. Documents should be modified to fit your workshop, but must contain all of the required elements.

(see checklists for Continuing Education Activity Plan, Advertisements and Certificates)

Contact our office or go to “RID ACET and CMP Forms” under

www.mhit.org or
<http://groups.yahoo.com/group/TERPINFO/files/>

for electronic copies of forms which can be modified.

Updated October 29, 2015

Compiled by Charlene J. Crump, Office of Deaf Services
Alabama Department of Mental Health

CEUs for Workshops 101

**Information is meant to serve as a guideline, not a comprehensive list. See also, "How to Coordinate and Host a Successful Workshop" under <http://groups.yahoo.com/group/TERPINFO/files/>*

Pre-workshop Planning

Initial application and materials should be sent to the RID Sponsor 30 days prior to the date of the activity.

1. Once presenter, date, location and equipment needs have been determined....
2. Complete and submit a Sponsor form to CMP Sponsor.
3. Complete and submit an Instructor form to CMP Sponsor.
4. Complete and submit an agenda to CMP Sponsor.
5. Secure resume/vita or bio from presenter and submit to CMP Sponsor.
6. Receive approval including appropriate CEU verbiage and activity code from CMP Sponsor.
7. Produce and distribute promotional materials. You can send out a "Hold the Date" announcement prior to approval of CEUS with a notation stating that "CEUS are pending."
8. Receive Activity Report Form from CMP Sponsor.
9. Prepare Sign-in sheet.
10. Prepare Evaluation form.
11. Prepare Certificates – consider a scanned/electronic or typed signature for speaker/coordinator to save time during the workshop.
12. Obtain handouts to copy for workshop (or make arrangements with presenter).
13. Additional considerations related to your training such as interpreters, snacks/drinks, water for presenter, pens, paper, workshop box, signs, registration list, etc.

During the Workshop

14. Place Activity Report Form in an obvious location for participants to sign.
15. Place Sign-in sheet in an obvious location for participants to sign.
16. Remind participants to sign in and to sign the Activity Report Form.
17. After the presentation, have participants complete and return an Evaluation Form.
18. Provide certificates to participants.
19. Have participants sign out (if determined).

After the Workshop

initial application and materials should be sent to the RID Sponsor within 30 days after the date of the activity.

20. Collect evaluations and summarize results.
21. Forward the following original documents to the CMP Sponsor:
 - a. Activity Report Form
 - b. Sign-in sheet
 - c. Evaluations
 - d. Evaluation Summary
 - e. Blank Evaluation Form
 - f. Blank Certificate of Attendance
 - g. Copies of handouts

***Note: Provide electronic copies of materials, whenever possible, to the CMP Sponsor in case they have suggested or required changes.**

Presentation Equipment Checklist

Use the following checklist to help you pack, prepare for a presentation, and specify audiovisual requirements. Create your own list based on your equipment needs.

Laptop

Laptop power cord and adaptor

Extra battery for laptop

Remote control with remote control cable or USB connection

Extra AA and AAA batteries for remote and other equipment

Mouse and mouse pad

Three-prong extension cord or power strip

Duct tape to tape down cords

Monitor extension cord

Security cable and key for laptop

Small kitchen timer to monitor presentation time

Backup copy of presentation on CD-ROM or USB flash drive

Hard copies of presentation slide show and presentation handout

Presentation notes

Extra copies of AV setup and presentation introduction

Network cable and phone cord for Internet connection in hotel room

Labels on laptop and all accessories

Cell phone, PDA, and chargers

These items are optional depending on the presentation facility and location:

LCD projector with power cord, lens cap, cable for connecting to laptop

Extra bulb for projector

Projector screen

Adapters, surge protectors, airline chargers for international travel

Continuing Education Activity Plan Check List

Name of Workshop _____

Activity Number: 0263 - _____ - _____

Pre Activity Documentation

- Sponsor Form
- Instructor's Form
- Promotional Materials (brochure, flyer, registration form, etc.)*
- Educational Agenda
- Handouts
- Instructor Resume, Vitae or Bio
- Activity Report Form received from Sponsor

Post Activity Documentation

- Completed Activity Report Form
- Sign In Sheet
- Original Completed Evaluation Forms
- Evaluation Summary (including comments)
- Blank Evaluation Form
- Blank Certificate of Attendance*
- Keep copies of all records sent to RID Approved Sponsor Administrator

*see attached checklists for additional information.

_____ Date initial application and materials sent to RID Approved Sponsor Administrator
(must be submitted to Sponsor at least 45 days prior to the date of the activity)

_____ Date remaining materials sent to RID Approved Sponsor Administrator

To be completed by the Sponsor only.

_____ Date materials (Instructor/Sponsor Form) sent to the National Office by Sponsor before the activity for processing.
(must be submitted to RID at least 30 days prior to the date of the activity)

_____ Date materials (Activity Report Form) sent to the National Office by Sponsor after the activity for processing.
(must be submitted to RID at least 45 days after the date of the activity)

Comments: _____

Information Required For Advertisements

	1. The RID CMP and/or ACET logo. (1)
	2. This paragraph: The Alabama Department of Mental Health is an Approved RID CMP Sponsor for Continuing Education Activities. This [Content Area – either GS or PS] program is offered for [#] CEU's at the [pick a level – 'little/no' thru 'teaching'] Content Knowledge Level." (2)
	3. Information about the objectives of the activity. This can look differently, depending on the activity.
	4. Information about your refund and cancellation policy. If you don't want to print your entire policy, you can print the contact info that someone would use to cancel or request a refund.
	5. The target audience. This is information that is on the Continuing Education Activity Plan.
	6. Information about how to request reasonable accommodations. Again, contact information is acceptable.

(1) Logos below may be copied and resized onto advertisements.



(2) Appropriate CEU verbiage.

Example: *The **Alabama Department of Mental Health** is an approved RID CMP Sponsor. This activity has been awarded 0.30 CEUS in the area of **Professional Studies** by The Registry of Interpreters for the Deaf at the "some" Content Knowledge Level for CMP and ACET participants. **Activity # 0263.0209.03.***

Checklist for Certificates for RID CMP Sponsored Events

At the completion of the activity, participants should receive a certificate of attendance. Sponsors can develop their own certificates. However, it must contain all of the pertinent information found on the sample certificate.

This includes:

	CMP and ACET logos
	RID Activity Number ⁽¹⁾
	Full title of event as filed online
	Date of activity
	Presenter
	Name of Approved Sponsor ⁽¹⁾
	Number of CEUs awarded
	Content Area- GS or PS ⁽¹⁾

- (1) This can be included in the “activity sponsored by’ verbiage

Example: *The **Alabama Department of Mental Health** is an approved RID CMP Sponsor. This activity has been awarded 0.30 CEUS in the area of **Professional Studies** by The Registry of Interpreters for the Deaf at the “some” Content Knowledge Level for CMP and ACET participants. **Activity # 0263.0209.03.***

- (2) Logos below may be copied and resized onto certificates.





Continuing Education Activity Plan Sponsor Form

Note:

This activity form must be submitted to the RID National Office at least 30 days prior to the start of the activity.
The Activity Plan Instructor's form must also be attached.

Name of Approved Sponsor: Alabama Department of Mental Health

Activity Number: 0263- 0209 - -01 02 and 05
Sponsor Code Month / Year Ascending within month; Internal code (optional) Subject code

Activity Title: Childhood Development and Deaf Children

Location of Activity: AIDB Regional Center (City)Tuscaloosa (State) Alabama

Instructor(s) Name(s) Steve Hamerdinger

Contact Person (s) Cindy Collins Contact Phone(s) 205-345-2883

Email collins.cindy@aidb.state.al.us Website www.aidb.org

Who is the target audience? Educational Interpreters, Teachers of the Deaf/Hard of Hearing, Interpreters working with Deaf children in various settings

Activity Start Date: February 17, 2009

Activity Completion Date: February 17, 2009

Start time for Activity: 3:30 am/pm? Ending time for Activity: 5:30 am/pm?

Total Number of Continuing Education Credits (CEUs) to be awarded to each participant: 0.2

<u>Content Area:</u> <u>Programs:</u> (circle one):	<u>Content Level:</u> (refers to participants knowledge)	<u>Participating</u> (circle one):
<input checked="" type="checkbox"/> Professional Studies (PS)	<input type="checkbox"/> Little / none	<input type="checkbox"/> CMP only
<input type="checkbox"/> General Studies (GS)	<input checked="" type="checkbox"/> Some	<input type="checkbox"/> ACET only
	<input type="checkbox"/> Extensive	<input checked="" type="checkbox"/> CMP & ACET
	<input type="checkbox"/> Teaching	

As the RID Approved Sponsor for this RID activity, I certify that the above information is accurate and will be submitted to the RID National Office at least 30 days prior to the start of the activity.

Signature of RID Approved Sponsor Administrator _____

Date _____

Continuing Education Activity Plan Sponsor Form



Note:

This activity form must be submitted to the RID National Office at least 30 days prior to the start of the activity.
The Activity Plan Instructor's form must also be attached.

Name of Approved Sponsor: Alabama Department of Mental Health

Activity Number: 0263- _____ - _____
Sponsor Code Month / Year Ascending within month; Internal code (optional) Subject code

Activity Title: _____

Location of Activity: _____ (City) _____ (State) _____

Instructor(s) Name(s) _____

Contact Person (s) _____ Contact Phone(s) _____

Email _____ Website _____

Who is the target audience? _____

Activity Start Date: _____ Activity Completion Date: _____

Start time for Activity: _____ am/pm? Ending time for Activity: _____ am/pm?

Total Number of Continuing Education Credits (CEUs) to be awarded to each participant: _____

<u>Content Area:</u> Programs: (circle one):	<u>Content Level:</u> (refers to participants knowledge)	<u>Participating</u> (circle one):
<input type="checkbox"/> Professional Studies (PS)	<input type="checkbox"/> Little / none	<input type="checkbox"/> CMP only
<input type="checkbox"/> General Studies (GS)	<input type="checkbox"/> Some	<input type="checkbox"/> ACET only
	<input type="checkbox"/> Extensive	<input type="checkbox"/> CMP & ACET
	<input type="checkbox"/> Teaching	

As the RID Approved Sponsor for this RID activity, I certify that the above information is accurate and will be submitted to the RID National Office at least 30 days prior to the start of the activity.

Signature of RID Approved Sponsor Administrator _____

Date _____

Continuing Education Activity Plan Instructor's Form



Note:

This form is to be completed by either the instructor or RID Sponsor and attached with the Sponsor form. The RID Sponsor will forward the completed Activity Plan to the RID National Office at least 30 days in advance of the activity.

RID Sponsor Name: Alabama Department of Mental Health

Presenter/Instructor Name (Please attach bio/resume) Steve Hamerdinger

Date(s)/Time of Activity: February 17, 2009

Title of Activity: Childhood Development and Deaf Children

Level of Participant's Prior Knowledge of Topic:

Little/None Some Extensive Teaching

Target Audience: Educational Interpreters, Teachers of the Deaf/Hard of Hearing, Interpreters working with Deaf children in various settings

Workshop/Course Description:

Educational interpreters are key partners in the deaf or hard of hearing child's academic achievement. A child's emotional well-being has an enormous influence on their ability to succeed in school. Deaf children face unique challenges that put them more at risk for emotional and behavior problems. Interpreters not only bring a cultural and linguistic perspective to the educational setting but they provide tools that will enhance the students' overall academic experience. When we understand the psychological development of the deaf child, the unique challenges they face, common childhood disorders and warning signs to look out for, we are better equipped to serve these children and become a partner in their quest to become productive, well-rounded adults!

Educational Objectives (List specific observable actions by participants that will demonstrate comprehension and integration of information presented):

Participants will be able to discuss developmental stages for D/HH children.
Participants will assess the impact of deaf childhood disorders on educational outcome.
Participants will discuss the role of the interpreter in the development of deaf children.

Media/Materials (List the print, audio and visual materials you will use. Who is responsible for providing them?)

Laptop and Projector (DMH)
Handouts provided by presenter, copied and dispersed by AIDB

Evaluation & Assessment (Describe how you will evaluate student learning & presentation effectiveness.)

Presenter will engage participants in guided role play and question and answer session.

Continuing Education Activity Plan Instructor's Form



Note:

This form is to be completed by either the instructor or RID Sponsor and attached with the Sponsor form. The RID Sponsor will forward the completed Activity Plan to the RID National Office at least 30 days in advance of the activity.

RID Sponsor Name: Alabama Department of Mental Health

Presenter/Instructor Name (Please attach bio/resume) _____

Date(s)/Time of Activity: _____ **(Date)** _____ **(Times)**

Title of Activity: _____

Level of Participant's Prior Knowledge of Topic:

Little/None Some Extensive Teaching

Target Audience: _____

Workshop/Course Description:

Educational Objectives (List specific observable actions by participants that will demonstrate comprehension and integration of information presented):

Media/Materials (List the print, audio and visual materials you will use. Who is responsible for providing them?)

Evaluation & Assessment (Describe how you will evaluate student learning & presentation effectiveness.)

RID CEU Code List

- 01 Medical
- 02 Mental Health
- 03 Drugs/Alcohol
- 04 Legal
- 05 Educational (K-12)
- 06 Educational (Post-secondary)
- 07 Deaf-Blind
- 08 Oral
- 09 Performing Arts
- 10 Business Practices
- 11 Tri-Linguistics
- 12 ASL/ Linguistics
- 13 Deaf Culture
- 14 Mentoring/Teaching
- 15 Voice/Sign to Voice
- 16 Team Interpreting
- 17 Religious
- 18 Ethical
- 19 Transliteration
- 20 Visual/Auditory
- 21 Memory Building
- 22 Deaf
- 23 Voice to Sign
- 24 Other

Writing Educational Objectives

Educational objectives or educational outcomes are statements that clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity. **Learning objectives must be observable and measurable.**

Educational objectives should

- 1) focus on the learner
- 2) contain action verbs that describe measurable behaviors

Verbs to AVOID when writing educational objectives:

Appreciate Become aware of Become familiar with Believe Have faith in Know
Learn Understand

Verbs to CONSIDER when writing educational objectives:

Information:

Cite	Identify	Quote	Relate	Tabulate	Count
Indicate	Read	Repeat	Tell	Define	List
Recite	Select	Trace	Describe	Name	Recognize
State	Update	Draw	Point	Record	Summarize
Write					

Comprehension:

Assess	Contrast	Distinguish	Interpolate	Restate	Associate
Demonstrate	Estimate	Interpret	Review	Classify	Describe
Estimate	Interpret	Review	Translate	Compare	Differentiate
Express	Predict	Compute	Discuss	Extrapolate	Report

Application:

Apply	Employ	Match	Relate	Sketch	Calculate
Examine	Operate	Report	Solve	Choose	Illustrate
Order	Restate	Translate	Complete	Interpolate	Practice
Review	Treat	Demonstrate	Interpret	Predict	Schedule
Use	Develop	Locate	Prescribe	Select	Utilize

Analysis:

Analyze	Criticize	Diagram	Infer	Question	Appraise
Debate	Differentiate	Inspect	Separate	Contract	Deduce
Distinguish	Inventory	Separate	Contrast	Detect	Experiment
Measure					

Synthesis:

Arrange	Construct	Formulate	Organize	Produce	Assemble
Create	Generalize	Plan	Propose	Collect	Design
Integrate	Prepare	Specify	Combine	Detect	Manage
Prescribe	Validate	Compose	Document		

Evaluation:

Appraise	Critique	Evaluate	Rank	Score	Assess
Decide	Grade	Rate	Select	Choose	Determine
Judge	Recommend	Test	Compare	Estimate	Measure
Revise					

Impart Skills:

Demonstrate	Hold	Massage	Pass	Visualize	Diagnose
Integrate	Measure	Write	Diagram	Internalize	Operate
Project	Empathize	Palpate	Record	Listen	

Convey Attitudes:

Acquire	Exemplify	Plan	Reflect	Transfer	Consider
Modify	Realize	Revise			

Examples of ‘correct’ educational objectives:

Participants will be able to summarize basic hypnosis theory and techniques.

Participants will be able to describe hypnotic techniques and phenomena

Participants will be able to recognize differences between acute and chronic pain

Participants will be able to utilize hypnosis in controlling acute pain

Participants will be able to apply post-hypnotic suggestions to chronic pain

Participants will be able to demonstrate hypnotic technique

Remember: Educational Objectives should describe what tasks the learners will be able to perform at the conclusion of the program. Using an action verb (mental or physical) allows the behavior to be observed and measured afterwards. With this approach, the effectiveness of the instruction can be evaluated.

HOLD THE DATE!

HOLD THE DATE!

DMH, Office of Deaf Services and AIDB, Tuscaloosa Regional Center

will be offering a FREE Workshop

Childhood Development and Deaf Children

Presenter: Steve Hamerdinger

February 17, 2009

3:30 – 5:30 p.m.

AIDB, Tuscaloosa Regional Center
2412 Skyland Blvd. East

Contact Cindy Collins for additional information
205-345-2883 or collins.cindy@aidb.state.al.us

RID CEUs pending.

Office of Deaf Services and AIDB, Tuscaloosa Regional Center

will be offering a **FREE Workshop**

For Educational Interpreters, Teachers of the Deaf/Hard of Hearing, Interpreters working with Deaf Children in various settings

Childhood Development and Deaf Children



Presenter: Steve Hamerdinger



February 17, 2009

3:30 – 5:30 p.m.

AIDB, Tuscaloosa Regional Center, 2412 Skyland Blvd. East

Contact Cindy Collins to register or to request accommodations

205-345-2883 or collins.cindy@aidb.state.al.us



Objectives: Educational interpreters are key partners in the deaf or hard of hearing child's academic achievement. A child's emotional well-being has an enormous influence on their ability to succeed in school. Deaf children face unique challenges that put them more at risk for emotional and behavior problems. Interpreters not only bring a cultural and linguistic perspective to the educational setting but they provide tools that will enhance the students' overall academic experience. Participants will be exposed to the psychological development of the deaf child, the unique challenges they face, common childhood disorders and warning signs to look out for, which will enable participants to be better equipped to serve these children and become a partner in their quest to become productive, well-rounded adults!



0.2 RID CMP/ACET CEUS offered



The Alabama Department of Mental Health and Mental Retardation is an approved RID CMP Sponsor. This activity has been awarded 0.2 CEUS in the area of Professional Studies by The Registry of Interpreters for the Deaf at the "some" Content Knowledge Level for CMP and ACET participants. Activity # 0263.0209.01.

Please return registration to collins.cindy@aidb.state.al.us or AIDB, 2412 Skyland Blvd. East, Tuscaloosa, Alabama 35405 In the event the workshop is cancelled, you will be notified by email.

Name		<input type="checkbox"/> Deaf	<input type="checkbox"/> Hearing	<input type="checkbox"/> H/H
Address				
City		State		Zip
<input type="checkbox"/> Phone	<input type="checkbox"/> TTY	<input type="checkbox"/> VP	()	Fax ()
Email		Accommodation Request		

Office of Deaf Services, Dept. of Mental Health and AIDB, Tuscaloosa Regional Center have joined together to offer this workshop to the Tuscaloosa Interpreters and other professionals working in the educational system and/or with Deaf Children. Come learn about the Impact of Childhood Development on Deaf Children!

Alabama Department of Mental Health
Childhood Development and Deaf Children
February 17, 2009
3:30 – 5:30 p.m.

Agenda

3:30 – 3:40 p.m.

Welcome, Introductions, and Overview

3:40 – 5:20 p.m.

Impact of Childhood Development on Deaf Children

5:20– 5:30 p.m.

Wrap-up and Evaluations

SAMPLE

Alabama Department of Mental Health
Childhood Development and Deaf Children
February 17, 2009
9:30 a.m. – 5:30 p.m.

Agenda

9:30 – 9:45 a.m.

Welcome, Introductions, and Overview

9:45 – 12:00

Introduction to Childhood Development

12:00 – 1:00 p.m.

Lunch (on your own)

1:00 – 3:00 p.m.

Childhood Development as applied to Deaf Children

3:00 – 3:15 p.m.

Break

3:15 – 5:15

Interpreting for Deaf Children

5:15– 5:30

Q & A and Wrap-up

Title of Workshop: _____

Date: _____

Name <i>Please Print Clearly</i>	Initial Upon Departure

To provide a summary of evaluations for each workshop.

Please add the number for each category and type them into the "EVALUATION FORM SUMMARY MASTER" below.

For example:

If you had the item below on the evaluations that you provided to the participants:

F. The quality of the facilities	1	2	3	4	5
-----------------------------------------	----------	----------	----------	----------	----------

15 people circled #5, 10 people circled #4, and 2 people circled #3.

Then you would fill in the document as follows:

F. The quality of the facilities				
0	0	2	10	15

You would continue doing this for each item rated.

Once you are done, please forward the document below to the CMP Sponsor along with other required documents.

Sponsoring Agency: _____

EVALUATION SUMMARY FORM

TITLE OF EVENT:		DATE:	
------------------------	--	--------------	--

Please indicate your rating of the presentation in the categories below by circling the appropriate number using this scale:

(1) POOR (2) BELOW AVERAGE (3) AVERAGE (4) ABOVE AVERAGE (5) EXCELLENT

A. The relevance of the training to your practice/work

--	--	--	--	--

B. The value of the program content for meeting the program's stated educational objectives

--	--	--	--	--

C. The quality and effectiveness of the presentation

--	--	--	--	--

D. The knowledge of the instructor

--	--	--	--	--

E. The quality of the handouts/audiovisual aids

--	--	--	--	--

F. The quality of the facilities

--	--	--	--	--

G. Your overall assessment of this program

--	--	--	--	--

Additional Comments/Recommendations:



Be it known that



Has completed the

***Ethics in Interpreting Mental Health:
Confidentiality***

with Steve Hamerdinger

February 17, 2009

And is awarded this

CERTIFICATION OF PARTICIPATION



The Alabama Department of Mental Health and Mental Retardation is an approved RID CMP Sponsor. This activity has been awarded 0.3 CEUS in the area of Professional Studies by The Registry of Interpreters for the Deaf at the "some" Content Knowledge Level for CMP and ACET participants. Activity # 0263.0209.01.

Training Coordinator

Presenter



**Alabama Department of Mental Health
Office of Deaf Services
MHIT Online Training Series**

PERMISSION TO FILE CONTINUING EDUCATION

Due to the nature of the online trainings, participants are not available to physically sign a participant activity form. The Office of Deaf Services (ODS) is required to have your signature on file stating that we have permission to submit the ceus on your behalf. ODS will not process CEUS for individuals who do not have a permission form on file with our office.

Please type or print clearly.

Name*	
Address	
City*	
State*	
Zip	
Email	
Phone/VP	
RID #*	

**Required*

The Office of Deaf Services has permission to file for CEU credit on my behalf for online trainings offered from their office. I agree that this permission will remain in force until revoked and that it may be revoked at any time upon written request.

Signature

Date

Please return form to
Office of Deaf Services
PO Box 301410, Montgomery, AL 36130
334-242-3025 (FAX)
charlene.crump@mh.alabama.gov

For additional questions or forms, questions or corrections:

Charlene J. Crump

State Coordinator – Communication and Interpreting Services

Alabama Department of Mental Health

charlene.crump@mh.alabama.gov

PO Box 301410

Montgomery, AL 36130-1410

PHONE: 334.353.4703

FAX: 334.242.0796

