

Continuing Education: Beneficial to Teaching Therapeutic Touch®

Workshop Title	Teacher	Hours	Year/Month

The following are included and have been reviewed by the mentoring teacher.

Materials Submitted for:

- Level 1 Level 2 Level 3

- Foundations of TT Transpersonal Nature of TT Inner Processes of TT

- The complete Checklist for Mentoring/Student teachers, Sections A to D
- Day Plan - A detailed outline of all of the activities of the day(s), including time allotted, information delivered in lectures or demonstrations, teaching aids that will be used, and any other information that will assist the teacher. This is the teacher's script for the workshop to allow for a sequential presentation of the mandatory curriculum. The teacher will be referring frequently to the Day Plan throughout the workshop.
- Copies of all handouts given to students, including required handouts
- Audiovisual aids - Overheads, charts and PowerPoint presentations, etc. Care taken to acknowledge sources and copyright permission where appropriate. Ensure that it is clear where they will be used in the presentation, either with notes at the bottom or with the audio-visual aids itemized in the day plan notes
- Registration form and optional advertising flyer
- Feedback form
- Certificate of Completion that includes:
 - the name of the workshop
 - the participant's name
 - date and location of workshop
 - number of contact hours, and
 - the name of the teacher

Describe the qualities you possess that would contribute to your success as a Therapeutic Touch teacher.

Section B: Teaching Materials

NOTE: to be completed by the mentoring teacher and reviewed with the student teacher

Name _____
Name of Mentoring Teacher

- Mentoring teacher is a member of the TTNO in good standing
- Date on mentor's Recognized Teacher certificate: _____
- Student teacher has completed required basic TT levels
- Student teacher has studied with more than one TTNO Recognized Teacher
- Student teacher has in-depth knowledge of Therapeutic Touch
- Sufficient additional teacher training has been completed

Suggestions for additional training:

Day Plan

- Required curriculum has been followed
- Appropriate time allotment has been given to each area
- Specific teaching strategies are adequately explained/demonstrated
- Experiential exercises have been included
- Experiential exercises are appropriate for level taught
- Sufficient breaks are included
- Sufficient time is allowed for a practicum
- Sufficient time is allowed for student feedback

Suggestions for improvement:

Handouts

- TTNO required handouts are included
- Additional handouts are well-prepared and easy to read
- Credit is given to the source of information or another teacher who designed handout
- The student reading list is current and appropriate to curriculum

Suggestions for improvement:

Evaluation/Feedback Forms: Designed specifically for TT workshop

Evaluate the following:

- content
- presentation
- opportunity for discussion
- instructor's knowledge and teaching skills
- use of audiovisual aids
- students' self-assessment of:
 - what they have learned
 - what needs further clarification
- location/facility

Suggestions for improvement:

Certificate of Completion

- Displays all of the following:
 - correct wording “Certificate of Completion Awarded to”
 - name of student
 - name of teacher
 - date(s)
 - number of hours of teaching
 - that TTNO requirements for the level have been followed
 - based on the teachings of Dolores Krieger, PhD RN and Dora Kunz

Suggestions for improvement:

Registration Form and Optional Advertising Flyer

- Information is clear and thorough, not misleading
- Appropriate description of the teacher
- If required - The PIPEDA permission statement is included with space for signature

Suggestions for improvement:

Section C: Evaluation of Student Teacher

- The student teacher has shown practical application of teaching skills in the following ways:
- participates in a local TTNO Branch: as leader/co-leader as member
- has given presentations about Therapeutic Touch to the following (if applicable):

Organization	Location	Date

- Demonstrates good public speaking skills
- Has a thorough knowledge of the concepts of Therapeutic Touch
- Demonstrates an ability to practice Therapeutic Touch
- Has prepared a workshop that adheres to the theory and practice of Therapeutic Touch
- Is able to cope with different group dynamics
- Is sensitive and aware of the needs/challenges of a variety of students
- Has assisted the mentoring teacher with practicum supervision

Date _____ Location _____

- Has been observed by the mentoring teacher while assisting in a workshop

Date _____ Location _____

Suggestions for improvement:
