

ASSESSMENT FOR FELLOWS/TRAINEES

ArizonaLEND 2015-2016

Name: _____ **Mentor:** _____

1.) On a scale from 1—7, how comfortable are you with the following topics:

| | Extremely Uncomfortable | | | Neutral | | | Very Comfortable |
|--|-------------------------|---|---|---------|---|---|------------------|
| Neurodevelopmental Disabilities | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Genetics | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Leadership | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Research Methods | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Life course theory | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Policy & Advocacy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Advocacy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Cultural Competence | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disability Studies | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Family centered care | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Family-professional partnerships | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Support systems for families: local, state, national | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Specific Disciplines: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Audiology | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Physical therapy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Occupational therapy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Speech Language Pathology | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Dentistry | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Social Work | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Psychology | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| • Special Education | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2.) On a scale from 1—7, how comfortable are you with the following activities:

| | Extremely Uncomfortable | | | Neutral | | | Very Comfortable |
|------------------------------|-------------------------|---|---|---------|---|---|------------------|
| Speaking up in class | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Speaking in groups | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Giving presentations | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Sharing personal experiences | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

3.) On a scale from 1—7, how comfortable are you following assignments/completing projects:

| | Extremely Uncomfortable | | | Neutral | | | Very Comfortable |
|------------------------|-------------------------|---|---|---------|---|---|------------------|
| Letter of Intent | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Leadership Project | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Group research project | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Family mentor project | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

4.) One of the strengths of the AZLEND program is the richness of conversation, and exploration of subjects that often begins with fellows sharing their own experiences. What do you want to share with the other fellows?

5.) Where are the areas you 'stretch' as a person?

6.) What strengths do you bring to the AZLEND program?

7.) Based on what you know about the LEND program, where do you feel you can contribute?

8.) What are your biggest fears?

9.) How can we help you succeed?
