

 **Therapeutic Options™ Instructor Recertification**

 **Pre-Workshop Questionnaire**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

Which is your favorite part of Therapeutic Options™ to teach? Why?

Which is your least favorite part to teach? Why?

In which section of the curriculum have you personally grown the most?

To which part of the curriculum do you get the biggest positive response?

Which part of the curriculum do you get some push-back on?

With which part of the curriculum do you still struggle a little?

What question do you most like to answer?

What question do you dread?

What issues in your agency does TO not address thoroughly enough?

What changes have you seen in your agency that you connect to TO training?