



# CHECKLIST FOR REVIEW OF LEVEL 1 SUBMISSIONS

Name of Student Teacher

## **Workshop Title**

Therapeutic Touch Level 1

Number of hours: Eight to fourteen hours minimum

- ☐ Submissions Coordinator or Teacher Liaison Chair has received and approved the Checklist for Mentoring/Student Teachers, Sections A-D, completed and signed by the Mentoring Teacher

**Reviewers:** *For more specific details please refer to the TTNO Curriculum & Guidelines for Teaching Therapeutic Touch<sup>®</sup>, pages 9-11.*

## **Materials submitted for this submission**

- ☐ Day Plan (teacher's script for the day) - this may be a detailed written outline **or** details of the presentation included within the notes section of the PowerPoint
- ☐ copies of all handouts given to students including those approved by the TTNO
- ☐ any PowerPoint presentations, overheads, charts, audiovisual aids must be noted in the Day Plan
- ☐ workshop evaluation form (see page 3 of this document for specific requirements)
- ☐ certificate of participation (see page 3 of this document for specific requirements)
- ☐ registration form and/or information brochure (see page 3 of this document for specific requirements)

## **The following are noted in this submission**

- ☐ workshop title
- ☐ length of workshop
- ☐ description of workshop
- ☐ workshop learning objectives
- ☐ references/resources

## **Curriculum Outline**

**The following areas are included and have been discussed and expanded on in this submission**

### **Fundamentals of Therapeutic Touch**

- ☐ define Therapeutic Touch
- ☐ curing versus healing
- ☐ holistic health and wellness
- ☐ history of Therapeutic Touch
- ☐ research - past and current (discuss at least two specific studies)
- ☐ intention and intentionality
- ☐ introduction to the human energy field
- ☐ basic assumptions
- ☐ underlying premises and principles
- ☐ optimal characteristics of a practitioner
- ☐ provide an introduction to case studies (optional in Level 1, may be done in Level 2)

### **Effects of Therapeutic Touch**

- ☐ benefits to both client and practitioner
- ☐ benefits of a centered state of mind for both practitioner and client
- ☐ benefits of the client's rest period

### **Process of Therapeutic Touch**

- ☐ provide basic relaxation techniques through mindful breathing and guided meditation

### Phases of Therapeutic Touch

- ☐ centering
- ☐ assessment/scanning
- ☐ rebalancing – grounding, clearing/unruffling, reassessment
- ☐ ending
- ☐ reflecting

### Importance of

- ☐ the introduction to the session
- ☐ the rest period
- ☐ remaining unattached to outcome
- ☐ demonstrate how to complete a case study (optional in Level 1, may be done in Level 2)

### Practice of Therapeutic Touch

Discuss and provide experiential exercises for

- ☐ the experience of being centered
- ☐ awareness of the energy field by participants (sensing the energy of their hands)
- ☐ assessment of another person's energy field
- ☐ provide opportunity to participate as both practitioner and client in a Practicum
- ☐ discuss symptoms and solutions for energy overload
- ☐ discuss precautions for beginning practitioners
- ☐ introduce the *Statement of Ethics and Conduct for the Practice of Therapeutic Touch*

### The Therapeutic Touch Network of Ontario

- ☐ discuss the implications of ownership of the Therapeutic Touch trademark
- ☐ discuss introduction to membership and provide forms

Discuss the benefits of membership

- ☐ *inTouch*
- ☐ the *Practitioner Workbook*
- ☐ attendance at the annual Conference and Professional Development Days
- ☐ a variety of resources - information booklets, CD, DVD, etc. to purchase
- ☐ like minds with which to network
- ☐ local Branches
- ☐ a referral service for Recognized Practitioners and Recognized Teachers
- ☐ *Statement of Ethics and Conduct for the Practice of Therapeutic Touch*
- ☐ *Statement of Ethics and Conduct for the Teaching of Therapeutic Touch*
- ☐ *Quality Assurance Policy*
- ☐ the TTNO website [[www.therapeutictouchontario.org](http://www.therapeutictouchontario.org)]
- ☐ a donation form - opportunities to confirm support of this modality
- ☐ a membership card to show at hospitals/hospices

### Teaching Strategies

The following teaching strategies have been used in this submission

- ☐ lecture
- ☐ demonstration
- ☐ audiovisual: e.g., flip charts, audio cassettes, CDs, overheads, PowerPoint presentations, props, handouts, videos, DVDs
- ☐ experiential learning
- ☐ discussion/dialogue
- ☐ supervised practicum
- ☐ question and answer periods

### Required TTNO handouts

- ☐ *Basic Information*
- ☐ *The Therapeutic Touch Session*, noting that we will be addressing *Energy Direction and Modulation* in Level 2
- ☐ *Statement of Ethics and Conduct for the Practice of Therapeutic Touch*

- ☐ TTNO information brochure: *Therapeutic Touch Works*
- ☐ *Application Form for New Members* and/or the *Introduction to the Therapeutic Touch Network of Ontario*
- ☐ *Self-Assessment: Practice of Therapeutic Touch*

#### **Suggested handouts**

- ☐ *Self-Assessment: Knowledge of Therapeutic Touch*
- ☐ *List of Branches in Ontario* and/or information about local Branches
- ☐ *Benefits of Membership*

#### **Additional Handouts are**

- ☐ well-prepared and easy to read
- ☐ give credit to source of information or another teacher who designed handout
- ☐ student reading list is current and appropriate to level

#### **Evaluation Methods**

- ☐ discussion
- ☐ practicum
- ☐ workshop evaluation form
- ☐ *Self-Assessment: Practice of Therapeutic Touch*

#### **Workshop Evaluation Form**

- ☐ has been designed specifically for Level 1 workshop

Evaluates all of the following

- ☐ content
- ☐ presentation
- ☐ opportunity for feedback
- ☐ instructor's knowledge and teaching skills
- ☐ use of audiovisual aids
- ☐ student's self-assessment of what they have learned

#### **The Certificate of Participation**

Has been designed for this submission/workshop and displays all of the following:

- ☐ space for name of student
- ☐ name of teacher
- ☐ space for date
- ☐ space for location
- ☐ number of hours of teaching
- ☐ that TTNO requirements for the level have been followed
- ☐ Therapeutic Touch as developed by Dolores Krieger and Dora Kunz
- ☐ correct wording "acknowledges that xxx was a participant in ...."

#### **Registration Form and/or Information Brochure**

- ☐ information is clear and thorough, and is not misleading
- ☐ PIPEDA permission statement is on the form with lines for signature and date

#### **General observations about this Submission**

- ☐ required TTNO Level 1 curriculum has been followed
- ☐ appropriate time allotment has been given to each area
- ☐ specific teaching strategies are adequately explained
- ☐ experiential exercises have been included and are appropriate for Level 1
- ☐ exercises are appropriate for level taught
- ☐ sufficient breaks are included
- ☐ sufficient time is allowed for Therapeutic Touch Practicum
- ☐ sufficient time is allowed for student feedback

**Recommendation**

I have reviewed this Level 1 submission and

- ☐ I accept and approve this submission as presented
- ☐ I accept and approve this submission with the following changes
- ☐ I do not accept or approve this submission

**Required Changes and Comments**

Reviewers Name:

Reviewers Signature:

Date: