



CHECKLIST FOR REVIEW OF LEVEL 2 SUBMISSIONS

Name of Student Teacher

Workshop Title

Therapeutic Touch Level 2

Number of hours: Eight to twelve 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[®], pages 15-17.*

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

The Process of Therapeutic Touch

- ☐ review definition, basic assumptions, premises, and the effects/benefits of Therapeutic Touch
- ☐ review how all of the above relate to what we do in the Therapeutic Touch session
- ☐ review the Therapeutic Touch session: introduction, centering, assessing, rebalancing, ending and reflecting
- ☐ review the terminology commonly used
- ☐ exercises for deepening of personal relaxation and centering skills
- ☐ introduce working in pairs
- ☐ experiential exercises
- ☐ practicum
- ☐ introduce the TTNO case study form(s) (i.e., format, uses, and confidentiality/privacy issues)
- ☐ complete the TTNO case study form(s)

Modulation of Energy and Direction of Energy

- ☐ define and explain modulation of the flow of energy in the client's field
- ☐ define and explain direction of energy into the client's field
- ☐ explain how clearing/unruffling is a technique for modulation of energy
- ☐ explain and demonstrate several ways to modulate energy flow in the client's energy field, including imagery and colour
- ☐ explain and demonstrate several ways to direct energy into the client's field, while adjusting the quality of energy flow through the use of imagery

The Practice of Therapeutic Touch

- ☐ allow the student to experience the direction and modulation of energy both as practitioner and client
- ☐ discuss the symptoms of energy overload, precautions to avoid overload, and techniques to deal with overload situations
- ☐ review the *Statement of Ethics and Conduct for the Practice of Therapeutic Touch®*
- ☐ discuss/dialogue the value of ongoing self-healing
- ☐ discuss/dialogue the value of personal growth as an individual and as a Therapeutic Touch practitioner
- ☐ demonstrate and practice working in pairs
- ☐ discuss how appropriate touch may occur through the session, depending on the assessment

Therapeutic Touch Network of Ontario

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

Review 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]
- ☐ 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, CD's, overheads, PowerPoint presentations, props, handouts, DVD's
- ☐ experiential learning
- ☐ discussion
- ☐ supervised practicum
- ☐ question and answer periods

Required TTNO Handouts

- ☐ *Basic Information*
- ☐ *The Therapeutic Touch Session*
- ☐ *Statement of Ethics and Conduct for the Practice of Therapeutic Touch*
- ☐ TTNO information brochure: *Therapeutic Touch Works*
- ☐ examples of case study forms from the *Practitioner Workbook*
- ☐ *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* (refer to *inTouch* listings)
- ☐ *Benefits of Membership*
- ☐ *New Membership Application Form Package*

Additional Handouts are

- ☐ well prepared and easy to read
- ☐ give credit to source of information or another teacher who designed the handout
- ☐ Student reading list is current and appropriate to Level 2

Evaluation Methods

- ☐ Discussion
- ☐ Practicum
- ☐ Workshop Evaluation Form
- ☐ *Self-Assessment: Practice of Therapeutic Touch*

Workshop evaluation form

- ☐ has been designed specifically for Level a 2 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 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 developed for this workshop

- ☐ 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 2 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 2
- ☐ 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 2 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: