



## CHECKLIST FOR MENTORING/STUDENT TEACHERS

There are five sections to be completed. Sections A, B, C and D, along with the workshop materials are sent together to the TTNO office with a copy to the Chair of the Teacher Liaison Committee.

**Section A:** filled in by the student teacher and reviewed with the mentoring teacher

**Sections B and C:** completed by the mentoring teacher and reviewed with the student teacher

**Section D:** completed by the mentoring teacher

**Section E:** sent separately by the mentoring/supervising teacher after the first workshop has been taught by the student teacher and observed by the mentoring teacher

**Note:** Material may be submitted either by mail or electronically.

### Section A: Student Teacher Documentation

Name \_\_\_\_\_

- ☐ is member of The Therapeutic Touch Network of Ontario (TTNO) in good standing
- ☐ is member of the Teachers Collective

**Recognized Practitioner Certificate** date of issue: \_\_\_\_\_

### Documentation of Basic Three Levels

	Teacher	Year/Month
Level 1		
Level 2		
Level 3		

### First Repeat

	Teacher	Year/Month
Level 1		
Level 2		
Level 3		

### Second Repeat

	Teacher	Year/Month
Level 1		
Level 2		
Level 3		

**Additional Workshops or Courses:** Beneficial to Teaching Therapeutic Touch® (e.g., Therapeutic Touch workshops for Continuing Education, Adult Ed. courses, Toast Masters, etc.)

☐ Mentoring teacher, check this box that you have verified the Certificate of Participation.

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 \_\_\_\_\_.**

- ☐ The complete Checklist for Mentoring/Student teachers, Sections A to D
- ☐ Day Plan - a detailed, timed description of the workshop indicating adherence to the required curriculum, the teaching methods for each section and where handouts, charts and slides will be used if using them while teaching the class
- ☐ Copies of all handouts given to students, including required handouts
- ☐ Overheads, charts and power points are all audio-visual aids. Take care 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 Participation that includes:
  - ☐ the name of the workshop
  - ☐ the participant's name
  - ☐ date and location of workshop
  - ☐ number of contact hours, and
  - ☐ the name and signature of the teacher

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

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## 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
- ☐ Mentoring teacher is a member of the Teachers Collective
- ☐ Date on mentor's Recognized Teacher certificate: \_\_\_\_\_
- ☐ Student teacher has completed basic levels 1, 2, and 3 three times with three different teachers
- ☐ Student teacher has in-depth knowledge of Therapeutic Touch
- ☐ Sufficient additional teacher training has been completed

Suggestions for additional training:

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### 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:

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## 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 level

Suggestions for improvement:

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## Feedback Forms

have been designed specifically for each 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:

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## Certificate of Participation

- ☐ Displays all of the following:
  - ☐ correct wording “acknowledges that xxx was a participant in .....”
  - ☐ name of student
  - ☐ name & signature of teacher
  - ☐ date
  - ☐ location
  - ☐ number of hours of teaching
  - ☐ that TTNO requirements for the level have been followed
  - ☐ Therapeutic Touch as developed by Dolores Krieger, PhD, RN, and Dora Kunz

Suggestions for improvement:

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## Registration Form and Optional Advertising Flyer

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

Suggestions for improvement:

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### 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 ☐ 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:

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### **Section D: Statement of Approval**

This statement should be signed by the mentoring teacher only after all suggestions have been resolved satisfactorily and the mentoring teacher is confident of the ability of the student teacher. This must be included with the rest of the material that is sent to the TTNO office with a copy to Teacher Liaison Committee Chair.

I, \_\_\_\_\_ as mentoring teacher have had the opportunity to observe student teacher \_\_\_\_\_ in the practice of Therapeutic Touch® as developed by Dolores Krieger, PhD, RN, and Dora Kunz.

I have been assisted by this applicant in teaching a Therapeutic Touch Level \_\_\_\_ workshop. I am satisfied that the requirements of The Therapeutic Touch Network of Ontario.

Recognized Teacher of Level \_\_\_\_\_ has been achieved.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Further comments:

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### Section E: Observation of New Workshop

This statement is to be signed and sent to the Teacher Liaison Committee only after observing the student teacher present their first workshop to the public.

**Note:** It is not to be included with sections A, B, C and D of this Checklist.

I have had the opportunity to be present when

\_\_\_\_\_

*(name of teacher applicant)*

presented \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

*Title of workshop*

*Date*

*Location*

☐ I recommend that the status of Recognized Teacher for Level \_\_\_\_ be granted

☐ I recommend that further observation and evaluation is needed.

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*Signature of mentoring teacher*

\_\_\_\_\_

*Date*

Comments:

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