

# 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

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

#### Therapeutic Touch Workshops Completed

Name of Workshop	Teacher	Year/Month

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Continuing Education: Beneficial to Teaching Therapeutic Touch®							
Workshop Title	Teacher	Hours	Year/Month				
The following are included and have be	een reviewed by the mentoring teacher.						
Materials Submitted for:	evel 1 🗌 Level 2 🗌 Level 3						
Foundations of TT  Transpersonal Nature of TT  Inner Processes of TT							
The complete Checklist for Men	toring/Student teachers, Sections A to D	)					
information delivered in lectures other information that will assist	all of the activities of the day(s), includin or demonstrations, teaching aids that w the teacher. This is the teacher's script on of the mandatory curriculum. The tea ghout the workshop.	vill be used for the wo	d, and any rkshop to				
$\Box$ Copies of all handouts given to s	students, including required handouts						
Audiovisual aids - Overheads, charts and PowerPoint presentations, etc. Care taken 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							
$\Box$ Registration form and optional a	dvertising flyer						
Feedback form							
Certificate of Completion that inc	cludes:						

- the name of the workshop
- the participant's name
- $\Box$  date and location of workshop
- $\Box$  number of contact hours, and
- the name of the teacher

Describe the qualities	you possess that	would contribute	to your success	as a Therapeutic 7	Fouch
teacher.					

#### Section B: Teaching Materials

**NOTE:** to be completed by the mentoring teacher and reviewed with the student teacher

Name	
Name of Mentoring Teacher	
<ul> <li>Mentoring teacher is a member of the TTNO in good standing</li> <li>Date on mentor's Recognized Teacher certificate:</li></ul>	
Sufficient additional teacher training has been completed	
Suggestions for additional training:	

# 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	<sup>·</sup> improvement:
Handouts	
TTNO re	quired handouts are included
	al handouts are well-prepared and easy to read
Credit is	given to the source of information or another teacher who designed handout
The stud	ent reading list is current and appropriate to curriculum
Suggestions for	· improvement:
Evaluation/Fee	edback Forms: Designed specifically for TT workshop
Evaluate the fol	lowing:
content	
presenta	tion
	ity for discussion
instructo	r's knowledge and teaching skills
use of au	udiovisual aids
students	' self-assessment of:
	what they have learned
	what needs further clarification
location/	facility

Suggestions for improvement:
Certificate of Completion
Displays all of the following:
correct wording "Certificate of Completion Awarded to"
name of student
name of teacher
date(s)
number of hours of teaching
that TTNO requirements for the level have been followed
$\Box$ based on the teachings of Dolores Krieger, PhD RN and Dora Kunz
Suggestions for improvement:
Registration Form and Optional Advertising Flyer
☐ Information is clear and thorough, not misleading
Appropriate description of the teacher
$\Box$ If required - The PIPEDA permission statement is included with space for signature
Suggestions for improvement:

#### 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/co-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:

#### 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® based on the teachings of Dolores Krieger, PhD RN and Dora Kunz. I have been assisted by this applicant in teaching a Therapeutic Touch \_\_\_\_\_ workshop. I am satisfied that the requirements of The Therapeutic Touch Network of Ontario. Recognized Teacher of \_\_\_\_\_\_ has been achieved. Date \_\_\_\_\_ Signature\_\_\_\_\_ Further comments:

### 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.

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	(na	me of teacher app	licant)			
presented	Title of workshop	on		at		
	litle of workshop		Date		Location	
	mend that the status of Rec	ognized Teache	er for			be granted
I recom	mend that further observatio	on and evaluation	on is neede	d.		
	Signature of mentoring tea	acher		Date		_
Comments:						