Social Worker Transfer of Learning Tool

**Instructions:** Supervisors, please complete this tool in partnership with social workers. Part A is to be completed before the social worker attends the training event. Part B is to be completed soon after the training event. Tool goals:

1. Ensure social workers get as much as possible from training;
2. Allow supervisors to support workers in identifying goals and hopes for each training, and in transferring learning and skills from training to the workplace.

**Part A: Training Preparation Complete before training**

Course Title: ____________________________________________ Training Dates: __________________________

Date set for post-training debrief meeting between supervisor and social worker: ________________

Learning objectives for the training
(Attach relevant training description, competencies, and learning objectives from ncswlearn.org.)

A1. **Social worker’s goals for the training**
   (What do you hope to get out of this training? What do you want to walk away from the training knowing or doing?)

A2. **Supervisors’ goals for the training**
   (What does the supervisor want the social worker to walk away from the training knowing or doing?)

A3. List specific questions the worker would like answered about the topic:

A4. List current situations the worker might want to apply or practice learning to during and after this training:

A5. List any steps the worker will take to prepare to take the course (e.g., review NC child welfare policies, etc.).

Supervisor’s initials: ___________________ Date: ____________ Worker’s initials: ___________________ Date: ____________
Part B: Post-Training Debrief  *Complete soon after training*

Date of debrief meeting: ________________

**B1. What are the top three things you learned from the training?**

**B2. Describe (1) any action plan created during the training to assist transfer of learning or (2) any follow-up resources identified during the training that the supervisor should know about. If none, what are three action steps you will take to apply your learning to your practice?**

**B3. What might be some potential barriers to applying the skills and knowledge obtained from the training (e.g., time, caseload, documentation requirements, etc.)? How might these barriers be overcome?**

**B4. What do you need from your supervisor to apply what was learned in this training?**

Supervisor’s initials: ________________ Date: __________ Worker’s initials: ________________ Date: __________