

MODULE 8

BEYOND COMPANIONSHIP SERVICES: HELPING CLIENTS IMPROVE QUALITY OF LIFE

Providing Independent Living Support:
Training for Senior Corps Volunteers

HANDOUT WORKSHEETS

What is "Quality of Life" for You?

Reflection: Respecting Boundaries

Training Feedback Survey

What is “Quality of Life” for You?

Step 1: Individually, take a minute to think about what is important in your life. What are the things that determine the quality of your life (i.e. what kind of a life you have)?



Using single words or short phrases, list the 5 things that are most important to your quality of life. (Of course, there are no wrong answers!)

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

Step 2: Share your list with a partner. Were some things on both of your lists the same? If yes, put a check mark next to those.

Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!