

# ***Three In One Concepts***

## **Consultant Facilitator Training Feedback Questionnaire**

Name: (Optional) \_\_\_\_\_

Beginning Date of Training: \_\_\_\_\_

End Date of Training: \_\_\_\_\_

Name of Faculty: \_\_\_\_\_

Location: \_\_\_\_\_

Did the program start on time? Yes  No

If no, please explain: \_\_\_\_\_

Were the full 42 training hours fulfilled by the Instructor? Yes  No

If no, please explain: \_\_\_\_\_

**What defusions were covered? Please list them.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Please rate all the topics below on a scale from 0 to 5.**

("0" being not covered and "5" being fully communicated and understood.)

**Defusion Imperatives:**

0	1	2	3	4	5
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Pre-tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can we do this Gently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S/F Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator Attitude (Attunement & Interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age Recession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future Progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework – Reinforcement and Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NES and PEM on the Session Itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Silent Testing:**

What constitutes silent testing?

Why not silent test?

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Responsibilities as a Three In One Concepts CF:**

Trusting & how to honor the One Brain System

Taking responsibility and using the Work for oneself

Responsibility of Facilitator to staying "on-time" during sessions

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Skills:**

Using S/F in Sessions: Traits to Know & Traits Denied

Listening & ESD Skills

Attention to understanding/using the Behavioral Barometer

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Presentations & Presentation Feedback:**

The Behavioral Barometer

Structure/Function

Basic Techniques from TOT or BOB

Three In One Concepts' Philosophy

Working With Children

Presentation & Session Feedback by Faculty member in a respectful, gentle, productive manner.

BEFORE the presentations, was the defusion "Fear(s) fused with giving presentations and/or giving client sessions" completed?

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Discussion on being a "professional" through this Work.**

Code of Ethics

Facilitator's responsibilities

Agreement – reading, understanding & signing

Reference to organizations eg. Förderkreis, IASK, etc.

If so, specifically which ones? Please list them.

1. \_\_\_\_\_
2. \_\_\_\_\_

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was covered, which you believe was not within Three In One Concepts' system, if any?

What were the most productive parts of this Training? Please list in order of your priority.

What were the least productive parts of this Training? Please list in order of your priority.

Did the Faculty member address your concerns and answer all your questions? Please explain.

Did the Faculty member create and maintain a safe, respectful, caring and open environment? Please explain.

Additional comments are appreciated:

Thank you for your time and energy. All names, if given, will be kept confidential.

Please return to [feedback@3in1concepts.us](mailto:feedback@3in1concepts.us), or fax or mail to us at:

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