



## Operator Peer-to-Peer Training Form

<b>General Information</b>	
Operator Name:	
Operator Contact Info:	
License Number:	
Name of Hosting Facility:	
Visit Date:	
Trainer Name(s):	
Trainer Contact Info:	

<b>Preliminary Info (fill this out before visit)</b>	
What topic(s) would you like to discuss with the hosting facility?	
List at least three questions you intend to ask.	
What are some issues you have struggled with at your own facility pertaining to this topic?	
How would you like to spend your time during this visit?	

What are you hoping to gain/learn from this experience?	
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**Training Info (fill this out after visit)**

Time in:	
Time out:	
How did you spend your time at the hosting facility?	
List 2 examples of how the hosting facility differs from your own.	
List 3 things that you have learned during your visit that you might be able to apply to your own facility.	
Are there any issues that are dealt with differently at your facility that could be useful to the hosting facility?	
Do you have any suggestions about how this training program could be improved in the future?	
Would you or anyone at your facility be interested in providing similar training to others?	

Any other comments or notes.	
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Trainee signature:		Date:
Trainer/Host signature:		Date:
Trainee Supervisor signature:		Date: