**Appendix B**

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| --- |
| **EL training evaluation form** |
|  |
| 1. **Name facility:**
 |
|  |
| 1. **Name therapist:**
 |
|  |
| 1. **Discipline:**
 |
|  |
| 1. **Client diagnosis:**
 |
|  MCI/VCI |
|  Alzheimer dementia |
|  Vascular dementia |
|  Mixed dementia |
|  Korsakoff syndrome |
|  Stroke |
|  Other, namely:  |
|  |
| 1. **Dementia severity:**
 |
|  Mild  |
|  Moderate  |
|  Severe  |
|  Other, namely:  |
|  |
| 1. **MMSE score: \_\_\_\_\_\_**
 |
|  |
| 1. **The task/activity/skill trained: \_\_\_\_\_\_**
 |
|  |
| 1. **Total number of sessions: \_\_\_\_\_\_**

**Session duration: \_\_\_\_\_\_mins.** |
|  |
| 1. **The client was motivated to learn the task/activity/skill**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |
|  |
| 1. **The client enjoyed training the task/activity/skill**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |

|  |
| --- |
| 1. **The client is now able to perform the task more independently than before the start of the intervention**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |
|  |
| 1. **EL was most useful in training the client**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |
|  |
| 1. **It was possible to train the task in steps**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |
|  |
| 1. **It was possible to prevent errors from being made using the EL method**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |
|  |
| 1. **It was possible to correct errors using the EL method**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |
|  |
| 1. **It was possible to fade out the support required**
 |
|  Yes |
|  No |
|  Please specify:  |
|  |
| 1. **Did you make use of additional tools during the training sessions?**
 |
|  Yes |
|  No |
|  If Yes, please specify:  |
|  |
| 1. **Did you modify the EL procedure as described in the manual?**
 |
|  Yes |
|  No |
|  If Yes, please specify:  |
| 1. **The manual helped clarify ambiguities**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |
|  |
| 1. **The information in the manual is relevant and complete**
 |
|  Yes |
|  No |
|  Comment:  |
|  |
| 1. **I was able to fit in EL training in my usual workload**
 |
|  Yes |
|  No |
|  If No, please specify reason(s):  |
|  |
| 1. **Communication about EL training sessions and transfer among care disciplines was effective**
 |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fully agree | 1 | 2 | 3 | 4 | Fully disagree  |

 |
|  |
| 1. **Other comments**
 |
|  |