**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** |
|  |