Weisman Children's Rehabilitation Hospital
Interdisciplinary Teaching Check List

Trainee #1 _____
Patient/Caregiver #1

Trainee #2_____
Caregiver #2
□ **See Other Check list for Additional Caregivers**

Assessment of Learning Needs/Barriers to Learning (Primary Accountability – Social Work)

Preferred Learning Method(s): (check all that apply)

Patient: ❑ NA ❑ Verbal ❑ Written ❑ Group/ Classroom ❑ Visual/ Pictorial ❑ Hands- On ❑ One to One ❑ Other:_____

Family: ❑ NA ❑ Verbal ❑ Written ❑ Group/ Classroom ❑ Visual/ Pictorial ❑ Hands- On ❑ One to One ❑ Other:_____

Comments: _____

_____

_____

_____

Barriers to Learning: (check all that apply)

Patient: ❑ No Barriers ❑ Hearing Limitations ❑ Visual Limitations ❑ Desire/ Motivation ❑ Cultural/ Religious ❑ Other _____
❑ Pain /Fatigue ❑ Communication Limitations ❑ Cognitive Limitations ❑ Emotional ❑ Language _____

Describe: _____

_____

_____

Plan for Addressing Barriers: _____

_____

_____

Family: ❑ No Barriers ❑ Hearing Limitations ❑ Visual Limitations ❑ Desire/ Motivation ❑ Cultural/ Religious ❑ Other _____
❑ Physical ❑ Communication Limitations ❑ Cognitive Limitations ❑ Emotional ❑ Language _____
❑ Transportation ❑ Lack Support Person ❑ Financial ❑ Work Schedule

Describe: ____

____

Plan for Addressing Barriers: ____

____

____

________ ______________________________ __________
Initials Signature & Credentials Date

Services Received

- ☐ **Social Work**
- ☐ **Nursing**
- ☐ **PT/OT**
- ☐ **Nutrition**
- ☐ **TR**
- ☐ **Respiratory**
- ☐ **ST/DYS**

TRAINING RECORD

Date/Time	Department	Trainee	Did Training Occur Y / N	Comments Outcome Of Training Effort	Staff Initials

I have received, understand and demonstrated competency in the educational information provided to me by WCRH staff. In addition, I have received educational materials in my discharge education binder.

Patient/Trainee #1

Signature: _____ Relationship to Patient _____ Date: _____

Caregiver/Trainee #2

Signature: _____ Relationship to Patient _____ Date: _____