CFI - Pre- Training Questionnaire



What are you hoping to build/learn through this training?

✓	 ✓ A set of skills for addressing the (sick, confused, & afraid) individual struggling with SUD ✓ A new perspective on working with families (Family-focused approach) 			
	A list of resources for you and your clients to use			
$\overline{\square}$	Knowledge, resiliency, confidence, and the ability to lead an intervention			
w	hat are your goals in this field?			
-	natare year gears in time netar			
۱۸/	hat is your understanding about the role of an interventionist?			
VV	nat is your understanding about the role of an interventionist?			
-W	ithin the family			
• •				
-W	ithin the industry			
-W	ithin the treatment plan			
• •				
Ha	ve you ever performed an Intervention before?			
	Voc. NO LThink Co.			
	Yes NO I Think So			
w	ould you like to pursue your CIP and work as an interventionist?			
	Yes NO Not Sure Yet Already CIP			

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Do you hold any clinical or professional licensure in the field of SA or MH? Yes NO -If yes, please list below Have you done other intervention trainings / supervision before this one? _____NO -If yes, please list below Will you want additional supervision or training beyond this one? _____ Yes _____ NO ____ Not Sure Yet What will your business model look like, and how/where will you get clients? How much would you hope to charge as an interventionist? Do you have anything specific that you want to make sure that you learn here?

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Learning insights			
I prefer to work in			
Small groups	Large groups	Independently	
I learn best by			
Reading	Talking	Role play	
Working agreement	ts / understandings		
 ✓ We will not answer or use our phones during the training ✓ If we need to take a call or do any business on our phone, we will step out ✓ We will be honest with, and respectful of, the others in the group ✓ We will keep side talk and cross talk out of the training ✓ We will keep what we hear in the group from other students anonymous ✓ We will show up on time and be prepared to start promptly 			
Printed Name			
Signed Name			
Date of Training	_		