|  |
| --- |
| **Please use the following Rating Scale:** **1-Strongly disagree; 2-Disagree; 3-Neutral; 4-Agree; 5-Strongly Agree** |
| **1) Instruction**The presentation met its stated objectives: (list each objective below) |
| Objective 1 (list) | **1** | **2** | **3** | **4** | **5** |
| Objective 2 | **1** | **2** | **3** | **4** | **5** |
| Objective 3 | **1** | **2** | **3** | **4** | **5** |
| Objective 4 | **1** | **2** | **3** | **4** | **5** |
| Objective 5 | **1** | **2** | **3** | **4** | **5** |
| Accuracy and utility of content was discussed | **1** | **2** | **3** | **4** | **5** |
| Instruction at a level appropriate to postdoctoral level training. | **1** | **2** | **3** | **4** | **5** |
| Teaching methods were effective. | **1** | **2** | **3** | **4** | **5** |
| Visual aids, handouts, and oral presentations clarified content | **1** | **2** | **3** | **4** | **5** |
| The course content was current. | **1** | **2** | **3** | **4** | **5** |
| **2) Instructor**Knew the subject matter | **1** | **2** | **3** | **4** | **5** |
| Taught the subject competently | **1** | **2** | **3** | **4** | **5** |
| Elaborated upon the stated objectives | **1** | **2** | **3** | **4** | **5** |
| Presented content in an organized manner | **1** | **2** | **3** | **4** | **5** |
| Maintained my interest | **1** | **2** | **3** | **4** | **5** |
| Answered questions effectively | **1** | **2** | **3** | **4** | **5** |
| Was responsive to questions, comments, and opinions | **1** | **2** | **3** | **4** | **5** |
| **3)**  **Professional & Ethical Issues: Presenter (or Provider) made clearly evident, prior to registration, the following** | **1** | **2** | **3** | **4** | **5** |
| Requirements for successful completion of activity | **1** | **2** | **3** | **4** | **5** |
| Commercial support for CE program, sponsor, or instructor (or any other relationship that could reasonably be construed as a conflict of interest) | **1** | **2** | **3** | **4** | **5** |
| Commercial support for content of instruction (e.g., research grants funding research findings etc.) that could be construed as a conflict of interest | **1** | **2** | **3** | **4** | **5** |
| Commercial support or benefit for endorsement of products (e.g., books, training, drugs, etc.) | **1** | **2** | **3** | **4** | **5** |
| Accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks? | **1** | **2** | **3** | **4** | **5** |
| **4) Learning Environment and Accommodations**  | **1** | **2** | **3** | **4** | **5** |
| Special needs were met | **1** | **2** | **3** | **4** | **5** |
| My difficulties (if I had any) were quickly resolved | **1** | **2** | **3** | **4** | **5** |
| Program brochure was informative and accurate | **1** | **2** | **3** | **4** | **5** |

We strive to bring you programming that enhances your learning and work with clients. Even if you do not need continuing education, please fill out the following evaluations your feedback is invaluable*.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5) Learning**

|  |
| --- |
| Information could contribute to achieving personal or professional goals. |
| Cultural, racial, ethnic, socioeconomic, and gender differences were considered. |

 | **1** | **2** | **3** | **4** | **5** |
| **Please use the following Rating Scale:** **1-Very little..........2..........3..........4..........5-Great deal** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Information could contribute to achieving personal or professional goals. |  |  |  |  |  |
| Cultural, racial, ethnic, socioeconomic, and gender differences were considered. |  |  |  |  |  |

 |  |  |  |  |  |
| How much did you learn as a result of this CE program?  | **1** | **2** | **3** | **4** | **5** |
|  **Please use the following Rating Scale:** **1-Not Useful…..…..2…..…..3…..…..4…..…..5-Extremely Useful** |
| How useful was the content of this CE program for your practice or other professional development? | **1** | **2** | **3** | **4** | **5** |
| **What was your overall impression of the activity? What went well? What could have been improved?**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**You must sign in and out in order for your hours to be awarded. You will be required to sign in within 15 minutes of the start of the presentation and remain to the end.**

Name and Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The attendee signing below is requesting full CE credit for this session and attest that the attendee has been present for this entire session. Print your name and date below.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_