**WORKSHOP EVALUATION FORM**

**A. Course Design (Circle the number to indicate your level of agreement/disagreement with each of the aspects of course design.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| The program content met my needs.    |  |  |  |  |  |
| Length of the course was adequate   |  |  |  |  |  |
| What did you like most about the course? |  |  |  |  |  |
| What specific things did you like least about the course? |  |  |  |  |  |
| If the course was repeated, what should be left out or changed? |  |  |  |  |  |

**B. Course objectives (Circle the number to indicate your level of agreement/disagreement with the degree to which course objectives were met.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Understanding of prevalence and diversity of mental health problems among the elderly |  |  |  |  |  |
| Skills development around andgroup therapy |  |  |  |  |  |
| Increases knowledge in the area and of documentation |  |  |  |  |  |
|  Awareness of available psychological and assessment tools |  |  |  |  |  |
| Information on expected standard and for clinical contributions |  |  |  |  |  |
| Knowledgeable of responsibilities of and Area and District Managers |  |  |  |  |  |
| Knowledge of credentialing and scoring |  |  |  |  |  |
| Increases knowledge of policy issues |  |  |  |  |  |

**C. Evaluation of each faculty member in stated area:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Content was presented in an organized          |  |  |  |  |  |
| Content was presented clearly and effectively |  |  |  |  |  |
| Was responsive to questions/comments |  |  |  |  |  |
| Teaching aids/audiovisuals were used effectively |  |  |  |  |  |
| Teaching style was effective |  |  |  |  |  |
| Content met stated objective |  |  |  |  |  |
| Content presented was applicable to my practice |  |  |  |  |  |

**D. As a result of attending this course, I see the value to me in the following ways (check all that apply):**

* I gained one or more specific ideas that I can implement in my area of practice.
* I learned a new approach to my practice.
* It may help me do a better job.
* I do not see the impact of this course on my job.
* Other

**E. By attending this course, I believe (check all that apply):**

* I was able to update my skills.
* I acquired new and/or advanced skills.
* I have better knowledge upon which to base my decisions/actions in the practice setting.
* I am reconsidering my views toward the topic(s) presented.
* The topic presented was appropriate, but I am undecided as to my own views.
* Other

**F. Facilities/Arrangements (Circle the appropriate number to indicate your level of satisfaction or circle NA if the item is not applicable to you.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Lodging    |  |  |  |  |  |
| Food Services   |  |  |  |  |  |
| Meeting rooms and facilities |  |  |  |  |  |
| Restrooms    |  |  |  |  |  |
| Day of week     |  |  |  |  |  |
| Time of day       |  |  |  |  |  |

**Overall, I would rate this workshop as:**

* Excellent
* Good
* Average
* Poor