

CE Program Title:

Sponsoring organization: Westchester Center for Psychological Education

Date

Your Name: _____

Address: _____

City, State & Zip Code _____

Email Address: _____

Instruction	<input type="checkbox"/> Strongly Disagree	<i>Disagree</i>	Neither Agree nor <input type="checkbox"/> Disagree	Agree	<input type="checkbox"/> Strongly Agree
1. The program objectives were met.	1	2	3	4	5
A.	1	2	3	4	5
B.	1	2	3	4	5
C.	1	2	3	4	5
2. Accuracy and utility of content were discussed.	1	2	3	4	5
4. Content was appropriate for postdoctoral level training	1	2	3	4	5
5. Instruction at a level appropriate to postdoctoral level training.	1	2	3	4	5
6. Teaching methods were effective.	1	2	3	4	5
7. Visual aids, handouts, and oral presentations clarified content	1	2	3	4	5

Instructor 1: <input type="checkbox"/> <input type="checkbox"/> Name: <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disagree	<input type="checkbox"/> Neither Agree nor <input type="checkbox"/> Disagree	Agree	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree
8. Knew the subject matter	1	2	3	4	5
9. Taught the subject competently	1	2	3	4	5
10. Elaborated upon the stated objectives	1	2	3	4	5
11. Presented content in an organized manner	1	2	3	4	5
12. Maintained my interest	1	2	3	4	5
13. Answered questions effectively	1	2	3	4	5
14. Was responsive to questions, comments, and opinions	1	2	3	4	5

Professional & Ethical Issues		
15. Presenter (or program chair, etc.) made clearly evident, prior to registration, the following:		
a. Requirements for successful completion of activity	Yes	No
b. Commercial support for CE program, sponsor, or instructor (or any other relationship that could reasonably be construed as a conflict of interest)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

c. Commercial support for content of instruction (e.g., research grants funding research findings etc.) that could be construed as a conflict of interest	Yes	No
d. Commercial support or benefit for endorsement of products (e.g., books, training, drugs, etc.)	Yes	No
e. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Venue, Setting, etc.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	Does Not Apply	Agree	<input type="checkbox"/> Strongly Agree
16. Facility was adequate for my needs	1	2	3	4	5
17. Special needs were met	1	2	3	4	5
18. Facility was comfortable and accessible	1	2	3	4	5
19. Food and beverage were adequate (if applicable)	1	2	3	4	5
20. Program brochure was informative and accurate	1	2	3	4	5

<input type="checkbox"/> Learning	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	Does Not Apply	Agree	<input type="checkbox"/> Strongly Agree
21. Information could be applied to my practice (if applicable)	1	2	3	4	5
22. Information could contribute to achieving personal or professional goals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
23. Cultural, racial, ethnic, socioeconomic, and gender differences were considered.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
24. How much did you learn in this course?	1 <input type="checkbox"/> Very Little	2 <input type="checkbox"/> Little	3 Some	4 A Good Bit	5 A Great Deal

25. How useful was the content of this CE program for your practice or other professional development	1 Not useful	2 A little useful	3 Some What useful	4 Very useful	5 Extremely useful
26. Would you recommend this program to others?	Yes	No			

<input type="checkbox"/> Participant Information					
27. Please note your profession and status <input type="checkbox"/> (Check all that apply)	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Masters Level Licensed Therapist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Student
	<input type="checkbox"/> Administrator	<input type="checkbox"/> University Faculty	<input type="checkbox"/> Other: _____ list profession		
28. Please note years in your profession	<input type="checkbox"/> Student	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 20+

Narrative

<input type="checkbox"/> 29. What was your overall impression of the activity? What went well? What could have been improved?
<input type="checkbox"/> 30. What did you learn that was new or different? How and/or will this information change how you practice?
<input type="checkbox"/> 31. What topics or presenters would you like to see at future CE presentations?
<input type="checkbox"/> 32. Other comments
Please use another sheet of paper if you wish to expand on your observations