

# Washington State Psychological Association Program Evaluation

Program Title:

Date:

Time (Should be equal to CE Hours):

Presenter(s):

| A. Program  | 1 - Strongly Disagree 5 - Strongly Agree |   |   |   |   |
|---|--|---|---|---|---|
| Overall, the program met or exceeded my expectations  | 1  | 2 | 3 | 4 | 5 |
| I gained new knowledge as a result of this CE program | 1  | 2 | 3 | 4 | 5 |
| Length of the program was adequate                    | 1  | 2 | 3 | 4 | 5 |
| The program description was accurate                  | 1  | 2 | 3 | 4 | 5 |
| Audio/Visual aids were helpful                        | 1  | 2 | 3 | 4 | 5 |
| Handouts were current and useful                      | 1  | 2 | 3 | 4 | 5 |

| B. Course Objectives (please indicate how well objectives were met) | 1 - Strongly Disagree 5 - Strongly Agree |   |   |   |   |
|---|--|---|---|---|---|
| 1.  | 1  | 2 | 3 | 4 | 5 |
| 2.  | 1  | 2 | 3 | 4 | 5 |
| 3.  | 1  | 2 | 3 | 4 | 5 |
| 4.  | 1  | 2 | 3 | 4 | 5 |
| 5.  | 1  | 2 | 3 | 4 | 5 |
| 6.  | 1  | 2 | 3 | 4 | 5 |

| C. Evaluation of faculty in stated area                     | 1 - Strongly Disagree 5 - Strongly Agree |   |   |   |   |
|---|--|---|---|---|---|
| Presenter(s) seemed knowledgeable concerning topics covered | 1  | 2 | 3 | 4 | 5 |
| Presenter(s) were well prepared/organized                   | 1  | 2 | 3 | 4 | 5 |
| Presenter(s) answered questions satisfactorily              | 1  | 2 | 3 | 4 | 5 |
| Content was presented clearly and effectively               | 1  | 2 | 3 | 4 | 5 |
| Presenter(s) were responsive to questions and comments      | 1  | 2 | 3 | 4 | 5 |
| Presenter(s)' teaching style was effective                  | 1  | 2 | 3 | 4 | 5 |
| Content presented was applicable to my practice             | 1  | 2 | 3 | 4 | 5 |

| D. As a result of attending this course, I see the value to me in the following ways (check all that apply):  |
|---|
| <input type="checkbox"/> I gained one or more specific ideas that I can implement in my area of practice. <input type="checkbox"/> I learned a new approach to my practice. <input type="checkbox"/> It may help me do a better job. <input type="checkbox"/> I do not see the impact of this course on my job. <input type="checkbox"/> Other: |

| E. By attending this course, I believe (check all that apply):  |
|---|
| <input type="checkbox"/> I was able to update my skills. <input type="checkbox"/> I acquired new and/or advanced skills. <input type="checkbox"/> I have better knowledge upon which to base my decisions/actions in the practice setting. <input type="checkbox"/> I am reconsidering my views toward the topic(s) presented. <input type="checkbox"/> The topic presented was appropriate, but I am undecided as to my own views. <input type="checkbox"/> Other: |

Survey continues on next page.

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| F. Logistics/Staff                         | 1 - Strongly Disagree 5 - Strongly Agree |   |   |   |   |
|--|--|---|---|---|---|
| The enrollment was smooth and efficient    | 1  | 2 | 3 | 4 | 5 |
| Staff was responsive and helpful           | 1  | 2 | 3 | 4 | 5 |
| The quality of the facilities was adequate | 1  | 2 | 3 | 4 | 5 |

Comments and recommendations for change if program is presented again (e.g. length, handouts, format, etc.)?

Suggestions for future program topics or other general comments? (Please print legibly.)

**PLEASE DROP THIS FORM IN THE BOX PROVIDED AT THE EXIT.**

If you have any other questions please contact WSPA.

**CE credit WILL NOT be issued to attendees who miss 15 or more minutes.**

