

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Topic: The Impact of Autism on Siblings

Presenter: Christie Rogers, SLPD, CCC-SLP

Sign after completing this form to ensure the document will not lock.  
An electronic signature will lock this document for editing.

Location: Virtual - Live Webinar

Date/Time: Thursday, November 4, 2021, 11:30 a.m. - 12:45 p.m.

Top will be detached for anonymity.

**KENNEDY KRIEGER INSTITUTE  
SOCIAL WORK DEPARTMENT  
EVALUATION**

Topic: The Impact of Autism on Siblings

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Please select the response which comes closest to your rating: Excellent, Very Good, Average, Fair, or Poor.

Rating of Program Content:

Relevancy of content to your needs	5	4	3	2
Balance of theory & application	5	4	3	2
Attainment of program objectives	5	4	3	2
Balance of information (new and review)	5	4	3	2
Clarity of focus	5	4	3	2

Comments:

Rating of Instructor(s):

Knowledge of subject matter	5	4	3	2
Level of enthusiasm	5	4	3	2
Ability to interact with participants	5	4	3	2
Organization of materials	5	4	3	2
Choice of teaching methods & activities	5	4	3	2

Comments:

Rating of Program Environment:

S = Satisfactory; U = Unsatisfactory

Time offered	S	U
Length of session	S	U
Place of meeting	S	U
Size of group	S	U
Breaks	S	U

Comments:

Suggestions for other Training Programs: \_\_\_\_\_

**Participant Profile**

**Gender:**

- \_\_\_(M) Male
- \_\_\_(F) Female

**Age:**

- \_\_\_(1) Under 25
- \_\_\_(2) 25-35
- \_\_\_(3) 36-45
- \_\_\_(4) 46-55
- \_\_\_(5) 56-65
- \_\_\_(6) Over 65

**Years in Practice:**

- \_\_\_(1) Less than 5 years
- \_\_\_(2) 5 to 10 years
- \_\_\_(3) 11 to 15 years
- \_\_\_(4) More than 15 years

**Highest Level of Education:**

- \_\_\_(1) High School Diploma
- \_\_\_(2) Some College or A.A. Degree
- \_\_\_(3) Bachelor's Degree
- \_\_\_(4) Post Graduate Education
- \_\_\_(5) Master's Degree
- \_\_\_(6) Doctoral Degree

**Career/Profession:**

- \_\_\_(1) Psychiatrist
- \_\_\_(2) Other Medical Specialty
- \_\_\_(3) Psychologist
- \_\_\_(4) Social Worker
- \_\_\_(5) Psychiatric Nurse
- \_\_\_(6) Other Nursing Specialty
- \_\_\_(7) Alcohol/Addictions Counselor
- \_\_\_(8) Counselor/Psychotherapist
- \_\_\_(9) Occupational Therapist
- \_\_\_(10) School Psychologist
- \_\_\_(11) Education
- \_\_\_(12) Other \_\_\_\_\_(specify)

**Principal Work Setting:**

- \_\_\_(1) Private Practice
- \_\_\_(2) Agency, Hospital
- \_\_\_(3) School
- \_\_\_(4) Other