

Name: _____ Signature: _____

Topic: Sensory Integration and Autism: The Body-Centered Senses

Presenter(s): Alexandra Himes, MOT, OTR/L

Location: Virtual On-Demand Training

Date Viewed: _____ Time Viewed: _____

Top will be detached for anonymity.

**KENNEDY KRIEGER INSTITUTE
SOCIAL WORK DEPARTMENT
EVALUATION**

Topic: Sensory Integration and Autism: The Body-Centered Senses

Presenter(s): Alexandra Himes, MOT, OTR/L

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Date Viewed: _____ Time Viewed: _____

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

Principal Work Setting:

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

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)