

Name: _____ **Signature:** _____
Topic: Social Skills Programming at CARD: Promoting Connections Using an Interdisciplinary Approach
Presenter(s): Lillian Barnwell MS, OTR/L and Lindsey Barrett, MS, CCC-SLP

Location: Virtual On-Demand Training

Date Viewed: _____ **Time Viewed:** _____

 Top will be detached for anonymity.

**KENNEDY KRIEGER INSTITUTE
 SOCIAL WORK DEPARTMENT
EVALUATION**

Topic: Social Skills Programming at CARD: Promoting Connections Using an Interdisciplinary Approach

Presenter(s): Lillian Barnwell MS, OTR/L and Lindsey Barrett, MS, CCC-SLP

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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

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