

Name: _____(signature)

Topic: Targeting Core Deficits of Autism in Toddlers

Presenter(s): Jenny Sharpless, MS, CCC-SLP

Location: Virtual - Live Webinar

Date: Tuesday, June 8, 2021

Time: 11:30 a.m. - 12:40 p.m. EST

Top will be detached for anonymity.

**KENNEDY KRIEGER INSTITUTE
SOCIAL WORK DEPARTMENT
EVALUATION**

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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