

Name: _____(signature)
Topic: The Gut-Brain Connection in Autism: From Research to Practice
Presenter(s): Calliope Holingue, MPH, PhD

Location: Virtual - Live Webinar

Date: Tuesday, May 18, 2021

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

Top will be detached for anonymity.

KENNEDY KRIEGER INSTITUTE
SOCIAL WORK DEPARTMENT
EVALUATION

Topic: The Gut-Brain Connection in Autism: From Research to Practice

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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

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)

(Rev.12/23/20)