

Name: _____(signature)
Topic: Disability Models, Shifts in Clinical Practice, and Being an Ally
Presenter(s): Zosia Zaks, MEd, CRC

Location: On-Demand Training

Watch Date:

Watch Time:

Top will be detached for anonymity.

**KENNEDY KRIEGER INSTITUTE
SOCIAL WORK DEPARTMENT
EVALUATION**

Topic: Disability Models, Shifts in Clinical Practice, and Being an Ally

Presenter(s): Zosia Zaks, MEd, CRC

Location: On-Demand Training

Watch Date:

Watch Time:

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