Name: _____ **Signature:** _____

Topic: Autism and the LGBTQIA+ Community

Presenter(s): Sharon Conty, MS, CCC-SLP and Sarah Michaels, LMSW

Location: Virtual On-Demand Training

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

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KENNEDY KRIEGER INSTITUTE
SOCIAL WORK DEPARTMENT
<u>EVALUATION</u>

Topic: Autism and the LGBTQIA+ Community

Presenter(s): Sharon Conty, MS, CCC-SLP and Sarah Michaels, LMSW

Location: Virtual On-Demand Training

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:					**Comments:**
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	

Rating of Instructor(s):					**Comments:**
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	

Rating of Program Environment:
S = Satisfactory; U = Unsatisfactory   **Comments:**

Time offered	S	U
Length of session	S	U
Place of meeting	S	U
Size of group	S	U
Breaks	S	U

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)**