****

**Alliant Continuing Education Evaluation Form**

**Workshop / Seminar Title:** Becoming our practices: Interweaving the storied, embodied, affective and relations of power \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructor(s):** \_Ian Percy PhD\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s):** \_\_December 13 , 5-6:30 pm EST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location (s):** \_\_Zoom Meeting on a Cloud\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of CEU’s:** \_\_\_1.5\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Instruction\* | **Strongly Disagree** | Disagree | **Neither Agree nor****Disagree** | **Agree** | **Strongly Agree** |
| The program supported me to: 1.A.  Discuss the practice implications of some emerging developments in Narrative Therapy | 1 | 2 | 3 | 4 | 5 |
|  b. Learn a questioning process to integrate four dimensions of therapeutic practice | 1 | 2 | 3 | 4 | 5 |
| C;  Experience how these dimensions could cue each other to appear, so enriching and sustaining beneficial storylines | 1 | 2 | 3 | 4 | 5 |
| 2. The accuracy and utility of content were discussed | 1 | 2 | 3 | 4 | 5 |
| 3. The content was appropriate for postdoctoral level training  | 1 | 2 | 3 | 4 | 5 |
| 4. Instruction at a level appropriate to postdoctoral level training | 1 | 2 | 3 | 4 | 5 |
| 5. Teaching methods were effective | 1 | 2 | 3 | 4 | 5 |
| 6. Visual aids, handouts, and oral presentations clarified content | 1 | 2 | 3 | 4 | 5 |

*\*NOTE: Instructor/proctor to enter all Learning Outcomes under item 1, adding rows as necessary.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Instructor 1:** Ian Percy | **Strongly Disagree** | Disagree | **Neither Agree nor****Disagree** | **Agree** | **Strongly Agree** |
| 7. Knew the subject matter | 1 | 2 | 3 | 4 | 5 |
| 8. Presented content effectively (e.g., promoted deep reasoning and learning; included a consideration of obstacles or anomalies) | 1 | 2 | 3 | 4 | 5 |
| 9. Elaborated upon the stated objectives | 1 | 2 | 3 | 4 | 5 |
| 10. Maintained my interest | 1 | 2 | 3 | 4 | 5 |
| 11. Answered questions effectively | 1 | 2 | 3 | 4 | 5 |
| 12. Was responsive to questions, comments, and opinions | 1 | 2 | 3 | 4 | 5 |
| 13. Provided a variety of applied examples (e.g., case presentations) | 1 | 2 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| **Professional & Ethical Issues** |  |
| 14. Presenter made clearly evident, prior to registration, the following: |
| a. Requirements for successful completion of activity | Yes | No |
| b. Commercial support for CE program, sponsor, or instructor (or any other relationship that could reasonably be construed as a conflict of interest), if applicable, either verbally or in promotional/registration materials | Yes | No |
| c. Commercial support for content of instruction (e.g., research grants funding research findings etc.) that could be construed as a conflict of interest, if applicable, either verbally or in promotional/registration materials | Yes | No |
| d. Commercial support or benefit for endorsement of products (e.g., books, training, drugs, etc.), if applicable, either verbally or in promotional/registration materials | Yes | No |
| e. Accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks | Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Venue, Setting, etc.  | **Strongly Disagree** | **Disagree** | **Does Not Apply** | **Agree** | **Strongly Agree** |
| 15. Facility was adequate for my needs | 1 | 2 | 3 | 4 | 5 |
| 16. Special needs were met | 1 | 2 | 3 | 4 | 5 |
| 17. Facility was comfortable and accessible | 1 | 2 | 3 | 4 | 5 |
| 18. Food and beverage were adequate (if applicable) | 1 | 2 | 3 | 4 | 5 |
| 19. Program brochure was informative and accurate | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning** | **Strongly Disagree** | **Disagree** | **Does Not Apply** | **Agree** | **Strongly Agree** |
| 20. Information could be applied to my practice or other work context. | 1 | 2 | 3 | 4 | 5 |
| 21. Information contributes to achieving personal or professional goals. | 1 | 2 | 3 | 4 | 5 |
| 22. Issues of diversity were addressed.  | 1 | 2 | 3 | 4 | 5 |
| 23. How much did you learn as a result of this CE program? | Very Little | Little | Some | A Good Deal | A Great Deal |
| 24. How useful was the content of this CE program to your practice or professional development? | Not Useful | A Little Useful | Some-what Useful | A Good Deal Useful | Extremely Useful |
| 25. This program enhanced my professional expertise | Yes | No |  |  |  |
| 26. I would recommend this program to others | Yes | No |  |  |  |
| 27. Teaching methods and tools focused on how to apply program content to my practice/work environment. | Yes | No |  |  |  |
| 28. Learning was enhanced through a variety of media utilizing auditory, visual, and multimedia formats. | Yes | No |  |  |  |
| 29. The presentation facilitated the integration and synthesis of information. | Yes | No |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant Information** |  |  |  |  |  |
| 30. Please tell us your profession (Please check all that apply) | □ Psychologist | □ Medical Professional | □ Masters Level Licensed Therapist | □ Social Worker | □ Student |
| □ Administrator | □ University Faculty | □ Other: | ­­­List profession\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 38. Please note years in your profession | □ Student | □ 1-5 | □ 6-10 | □ 11-20 |  □ 20+ |

|  |
| --- |
| **Narrative** |
| 31. Please provide any additional feedback that can improve this course or the program overall.  |
|  |
|  |
|  |
| 32. Please let us know what topics or presenters would you like to see at future CE presentations? |
|  |
|  |
|  |