



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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Psychologist	Medical Professional	Masters Level Licensed Therapist	Social Worker	Student
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List profession _____	
	Administrator	University Faculty	Other: _____		

38. Please note years in your profession	<input type="checkbox"/> Student	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 20+
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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?
