

## ATTACHMENT J1 - SAMPLE ELECTRONIC EVALUATION FORM

2017 Fall CE Workshops

**PLEASE BE SURE TO INCLUDE THE WORDING IN MANDATORY QUESTIONS 9 AND 10 IN YOUR EVALUATION FORM.**

\* **1. INFORMED CONSENT:** Please read this consent document before you decide to participate in this survey.

**PURPOSE OF THE SURVEY:** This evaluation survey by the NCPA/NCPF Continuing Education Committee is mandatory for participants in the CE Workshop "**Using ACT to Treat Anorexia Nervosa (AN) or AN-Spectrum Behavior**" presented on Saturday, October 7 as part of the 2017 NCPF/NCPA Fall CE Workshops at the Friday Center in Chapel Hill, NC. The survey must be completed in its entirety to receive continuing education credit and must be "signed" AT THE END OF THE SURVEY by typing in your name. Upon completion of the survey participants will be mailed their CE Letter of attendance by October 20, 2017.

**TIME REQUIRED AND DEADLINE:** Less than 10 minutes. Participants must complete the online evaluation by **11:45 pm on OCTOBER 13, 2017.**

**RISKS AND BENEFITS:** The information will be used to verify evaluation of the session noted above so that the participant can receive the letter of attendance. The CE Committee will use composite information from all of the evaluations for future planning and to share information with the presenters.

**COMPENSATION:** There is no monetary compensation for completing this survey.

**CONFIDENTIALITY:** Data will be stored in a secure environment, with physical files kept in a locked file cabinet in the NCPA office. Electronic data will be password protected. Access to individual raw data will only be made available to NCPA staff to send individual letters of attendance. A composite of the data will be reviewed by members of the NCPA/NCPF Continuing Education Committee as needed for planning purposes and will be shared with the speakers. No individual responses will be shared. Any use of raw data that goes beyond the survey's original purpose or operational purposes of NCPA must be approved by the Executive Committee of NCPA.

**IF YOU HAVE QUESTIONS ABOUT THE SURVEY:** Please email Carol Kulwicki at [carol@ncpsychology.org](mailto:carol@ncpsychology.org).

\***AGREEMENT:** I have read the informed consent document described above. I voluntarily agree to participate in the survey.

I Agree

**\* 2. 2. Please identify your profession:**

- Psychologist
- Graduate Student in psychology
- Undergraduate Student in psychology
- Social Worker
- Psychiatrist
- Licensed Professional Counselor
- Marriage and Family Therapist
- Psychiatric Nurse
- Other (please specify)

**\* 3. 3. Please indicate the number of years in your profession:**

- <5
- 5-10
- 11-15
- 16-20
- >20

**\* 4. 4. Physical Facility - ONE IS LOWEST, FIVE IS HIGHEST**

	1	2	3	4	5
The physical facilities, e.g. room, equipment, etc., were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 5. 5. Instructional Material - ONE IS LOWEST, FIVE IS HIGHEST**

	1	2	3	4	5
The instruction materials were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 6. 6. Content - ONE IS LOWEST, FIVE IS HIGHEST**

	1	2	3	4	5
The organization and presentation of the content was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 7. 7. Presenter - ONE IS LOWEST, FIVE IS HIGHEST**

	1	2	3	4	5
Rhonda Merwin's knowledge of the subject was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 8. 8. Presenter - ONE IS LOWEST, FIVE IS HIGHEST**

	1	2	3	4	5
Rhonda Merwin's teaching methods were:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 9. 9. Program: (1 - 2) = Very Little (3) = Some (4 - 5) = Great Deal

	1	2	3	4	5
How much did you learn as a result of this CE program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 10. 10. Program - ONE IS LOWEST, FIVE IS HIGHEST

	1	2	3	4	5
How useful was the content of this CE program for your practice or other professional development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 11. 11. Program - ONE IS LOWEST, FIVE IS HIGHEST

	1	2	3	4	5
Did this program motivate you to continue learning in this area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. 12. Please inform us of any information you wish to share regarding the presenter:

\* 13. 13. BEFORE

Rate how well you understood the learning objectives **before** the presentation. ONE IS LOWEST AND FIVE IS HIGHEST.

	1	2	3	4	5
1. formulate anorexia nervosa (AN) from an ACT perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. state at least 3 challenges in treating individuals with AN and how to overcome these challenges in a model-consistent manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. identify how to use ACT to maximize therapist flexibility when working with AN clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 14. 14. AFTER

Rate how well you understood the learning objectives **after** the presentation. ONE IS LOWEST AND FIVE IS HIGHEST.

	1	2	3	4	5
1. formulate anorexia nervosa (AN) from an ACT perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. state at least 3 challenges in treating individuals with AN and how to overcome these challenges in a model-consistent manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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\* 15. 15. What specifically attracted you to this workshop? Check all that apply.

- NCPA Mailing
- NCPA Newsletter
- Colleague
- Flyer/Postcard
- NCPA Website
- NCPA E-Mail
- Title/Topic
- Presenter's Reputation
- Other

If "Other", please specify:

16. 16. What were the best features of the workshop?

17. 17. What were the worst features of the workshop?

18. 18. What suggestions do you have for improving the workshop?

19. 19. Suggested topics for future programs:

20. 20. Suggested speakers for future programs:

21. 21. Exhibitors are an important part of our conferences. Do you know any vendors that might be interested in having a display at an upcoming conference? If so, please list the company & contact information if available.

\* 22. 22. Your Name:

2017 Fall Workshop - Using ACT to Treat Anorexia Nervosa (AN) or AN-Spectrum Behavior

**2017 Fall Workshop - Using ACT to Treat Anorexia Nervosa (AN) or AN-Spectrum Behavior**

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How much did you learn as a result of this CE program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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