Education Resource Evaluation

Form Approved, OMB No. 0920-XXXX Exp. Date XX/XX/20XX

This survey is in reference to the material/s you received from the Tourette Syndrome Association. The resources were developed through a partnership with the U.S. Centers for Disease Control and Prevention. Survey results will help us to assess the impact of the materials on your knowledge and student management and better focus our outreach efforts. Thank you for your time.

Public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D- 74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXXX).

| 1. | P | ease | ind | icate | your | prof | fessi | on. |
|----|---|------|-----|-------|------|------|-------|-----|
|----|---|------|-----|-------|------|------|-------|-----|

| jn Teacher | j₁ School Psychologist | jn Speech and Language Pathologist |
|-----------------------------|---------------------------|------------------------------------|
| jn Teacher's Assistant | j∩ Guidance Counselor | jn SPED Director/Administrator |
| jn SPED Teacher | j⊓ Social Worker | j∩ Principal/Superintendent |
| j _∩ School Nurse | jn Occupational Therapist | |
| Other (please specify) | _ | |
| | | |
| 2 Which advication recovers | did you use? | |

2. Which education resource did you use?

| 6 | |
|------------------------|--|
| Other (please specify) | |
| | |

3. Do you have experience in working with clients/students who have TS or tic disorders?

| jm | Yes |
|----|-----|
| jn | No |

4. Please rate your knowledge related to the following areas before and after using this resource.

| | Knowledge Before | Knowledge After |
|--|------------------|-----------------|
| Recognition of TS symptoms | 6 | 6 |
| Recognition of sypmtoms of co-occurring conditions | 6 | 6 |
| Impact of symptoms on classroom performance | 6 | 6 |
| Strategies for working with students with TS | 6 | 6 |
| Communicating with students and families | 6 | 6 |

Education Resource Evaluation

| S. Do you think that your skills in working with people who have TS have improved, a result of using this resource? Jin Yes Jin No Comment: 7. Have you integrated the information learned into student management? Jin Yes Jin No Jin N/A at this time If yes, please describe: 8. Have you applied the knowledge gained as a result of using this resource? Jin Yes Jin No Jin N/A at this time Comment: | jn Yes | |
|--|---------------------------------------|--|
| 5. Do you think that your skills in working with people who have TS have improved, a result of using this resource? Jin Yes Jin No Comment: 7. Have you integrated the information learned into student management? Jin Yes Jin No Jin N/A at this time If yes, please describe: 8. Have you applied the knowledge gained as a result of using this resource? Jin Yes Jin No Jin N/A at this time Comment: 9. Please rate the usefulness of the resource. © Very useful © Useful © Somewhat useful | jn No | |
| result of using this resource? Jn Yes Jn No Comment: 7. Have you integrated the information learned into student management? Jn Yes Jn No Jn N/A at this time If yes, please describe: 8. Have you applied the knowledge gained as a result of using this resource? Jn Yes Jn No Jn No Jn N/A at this time Comment: 9. Please rate the usefulness of the resource. © Very useful © Useful © Somewhat useful | Comment: | |
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| in N/A at this time If yes, please describe: 8. Have you applied the knowledge gained as a result of using this resource? jn Yes jn No jn N/A at this time Comment: 9. Please rate the usefulness of the resource. © Very useful © Useful © Somewhat useful | jn Yes | |
| ## Somewhat useful ## Somewhat useful ## Somewhat useful ## Somewhat useful ## Are you applied the knowledge gained as a result of using this resource? ## Jin Yes ## Jin No ## Jin N/A at this time ## Comment: ## Over useful ## Useful ## Somewhat useful | j _n No | |
| 8. Have you applied the knowledge gained as a result of using this resource? jn Yes jn No jn N/A at this time Comment: 9. Please rate the usefulness of the resource. © Very useful © Useful © Somewhat useful | jn N/A at this time | |
| 8. Have you applied the knowledge gained as a result of using this resource? jn Yes jn No jn N/A at this time Comment: 9. Please rate the usefulness of the resource. © Very useful © Useful © Somewhat useful | If yes, please describe: | |
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| | € Very useful € Useful | |