Tourette Syndrome Association Family/Public Program Evaluation - Education

Date/Location: Speaker:

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

Program objectives -Participants will learn to:

- Identify the basic signs of TS and co-occurring conditions
- Describe strategies and/or accommodations to improve positive school performance
- Locate support resources available through TSA

| Participants w | | | | and others about TS amily issue | | | | | | | |
|--|--------------------|---------------|--|--------------------------------------|----------------|----------------|-------------------|-------------|----------------------|---------------|--|
| | | | | tte Syndrome. Chec | _ | | - | | | | |
| Self | Parent (| Other relativ | e Frier | nd Teacher | Se | rvice Pro | ovider | | | | |
| General | Interest in TS | Other | | | | | | | | | |
| 2. What were | your main reaso | ns for comi | ng today? Cl | neck all that apply. | | | | | | | |
| Need ne | w information | Meet other | r people with | TS Newly Diag | nosed | Acc | ess to a sp | oecialist 🗌 | Other | | |
| 3. How much o | of this content wa | s new to yo | u? Almost a | all 75% 5 | 50% | 259 | % | Almost non | e | | |
| 4 Please rate v | our knowledge i | n the follow | ing areas, he | efore and after parti | cinati | ing in th | is nrogra | m | | | |
| | BEFORE today's | | | of your knowledge r | | | | ge AFTER | today's p | progra | |
| None | Some | A lot | | | | | None | None Some | | A lot | |
| 1 | 2 | 3 | Recognition of TS | | | | 1 | 2 | | | |
| 1 | 2 | 3 | Common conditions that occur with TS | | | | 1 | | | 3 | |
| 1 | 2 | 3 | Impact of symptoms on school performance | | | | 1 | | | 3 | |
| 1 | 2 | 3 | Strategies to improve school performance | | | | 1 | 2 | | 3 | |
| 5. Please rate t | he following state | ements | | | | Character | A = | Diagram | Cture when | ¬ ¬ | |
| | | | | | | Strongly agree | Agree | Disagree | Strongly disagree | Does apply | |
| a. I plan to share the information I learned with my/my child's school | | | | | | 1 | 2 | 3 | 4 | | |
| b. I plan to share the information I learned with my/my child's healthcare provi | | | | | | 1 | 2 | 3 | 4 | | |
| c. I feel better able to cope with issues related to my/my child's TS | | | | | | 1 | 2 | 3 | 4 | | |
| d. I plan to use some of the information I learned to help with an individual or | | | | | | | 2 | 3 | 4 | | |
| family need or concern e. The presenter communicated the content effectively | | | | | | 1 | 2 | 2 | 4 | | |
| | | | • | | | 2 | 3 | 4 | | | |
| f. Feedback (C | (&A) I received d | uring the ac | tivity was nei | pful | | 1 | | 3 | 4 | | |
| | | | | your participation i | n this | | | | | | |
| BE | FORE the progr | Ra | Rate the following | | | | AFTER the program | | | | |
| Don't know | Can find some | Know | I lmo | statements: | D | on't knov | Car | i find some | Vno | | |
| where to go | information | where to | I | w where to go for ore information | 1 | here to g | I | formation | Know where to go | | |
| No | Somewhat | Very | | feel a sense of | | connecti | | omewhat | Very | | |
| connection | connected | connect | | ection with other | 110 connection | | 1 | connected | | connected | |
| comiccion | Commeeted | Commeet | | ed persons/families | | | | omiceica | Comme | | |
| Not | Somewhat | Very | | | No | Not prepared | | Somewhat | | Very | |
| prepared | prepared | prepare | | others about TS | | | prepared | | prepared | | |
| Very | Somewhat | No stre | | tress related to one | Very stress | | | | No stress | | |
| stressed | stressed | | of | more TS issues | | | | stressed | | | |
| Suggestions to | improve this prog | ram: | | | | | | | | | |

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).