**C16 -Arctic Fetal Alcohol Spectrum Disorder Regional Training Center**

**Classroom****/Special Event Post Presentation**

***We would like to know your thoughts about the FASD presentation. Please circle the number that most closely represents the extent to which you agree with the following statements*.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please circle ONE answer for each of the following items** | | | | | | | | | |
| ***Strongly Disagree*** | ***Disagree*** | ***Neutral*** | ***Agree*** | | ***Strongly Agree*** | | | | |
| **1** | **2** | **3** | **4** | | **5** | | | | |
|  | | | | | | | | | |
| **Based on the content of the presentation I am able to:** | | | | | | | | | |
| Explain the basic biomedical foundations of FAS. | | | | 1 | | 2 | 3 | 4 | 5 |
| Explain the basic clinical issues related to FASDs. | | | | 1 | | 2 | 3 | 4 | 5 |
| Explain in appropriate detail the predictable alcohol-induced injuries that might result from exposure during each trimester. | | | | 1 | | 2 | 3 | 4 | 5 |
| Explain the range of birth defects that can result from prenatal alcohol exposure. | | | | 1 | | 2 | 3 | 4 | 5 |
| Describe various treatment interventions that might be helpful for an individual living with an FASD. | | | | 1 | | 2 | 3 | 4 | 5 |
| Describe ethical and confidentiality issues related to FASDs. | | | | 1 | | 2 | 3 | 4 | 5 |
| **Speakers** | | | | | | | | | |
| The speaker(s) was knowledgeable about the content. | | | | 1 | | 2 | 3 | 4 | 5 |
| The speaker’s content was consistent with the course objectives. | | | | 1 | | 2 | 3 | 4 | 5 |
| The speaker(s) clarified content in response to questions. | | | | 1 | | 2 | 3 | 4 | 5 |
| The speakers’ teaching style was effective. | | | | 1 | | 2 | 3 | 4 | 5 |
| **Content** | | | | | | | | | |
| The presentation content was appropriate for the intended audience. | | | | 1 | | 2 | 3 | 4 | 5 |
| The presentation content was consistent with the course objectives. | | | | 1 | | 2 | 3 | 4 | 5 |
| **Teaching Methods** | | | | | | | | | |
| The teaching methods were appropriate for the subject matter. | | | | 1 | | 2 | 3 | 4 | 5 |
| Visual aids, handouts, and oral presentations clarified presentation content. | | | | 1 | | 2 | 3 | 4 | 5 |
| The training exercises were relevant to the topics covered. | | | | 1 | | 2 | 3 | 4 | 5 |
| **Overall** | | | | | | | | | |
| The information is relevant to my practice/program of study. | | | | 1 | | 2 | 3 | 4 | 5 |
| This program enhanced my professional expertise. | | | | 1 | | 2 | 3 | 4 | 5 |
| I would recommend this presentation to others. | | | | 1 | | 2 | 3 | 4 | 5 |
| I am satisfied with my experience in this training. | | | | 1 | | 2 | 3 | 4 | 5 |

How will you use the information you received today?

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Please share any additional comments or suggestions.

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| --- | --- | --- |
| **Please take a moment to tell us about yourself:** | | |
| **Are you (Circle one):**  **Male**  **Female**  **Transgender**  **Are you Hispanic or Latino(a)?**  **Yes**  **No**  **How do you describe your race?**  (Select all that apply)  **American Indian/Alaska Native**  **Asian**  **Black or African American**  **Native Hawaiian/Pacific Islander**  **White**      **❒ I am the parent/caregiver**  **of a child with FAS/FASD** | **If you are a PROFESSIONAL, please circle the one that best represents your current position:**  **ALLIED HEALTH PROFESSIONAL**  **Counselor**  **OT/PT/SLP**  **Psychologist**  **Social Worker**  **Other Allied Health Professional:**  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DENTAL PROFESSIONAL**  **Dental Assistant**  **Dental Hygienist**  **Dentist**  **MEDICAL PROFESSIONAL**  **Family Physician**  **Internal Medicine Physician**  **Nurse (NP, RN, LPN)**  **OB/GYN**  **Pediatrician**  **Physician Assistant**  **Psychiatrist**  **Other Medical Professional**  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OTHER**  **Administrator**  **Corrections**  **Educator, PreK-12**  **Educator, PreK-12 SpED**  **Educator, Other**  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Lawyer/Judge**  **Public Health**  **Scientist**  **Other Professional:**  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **If you are a STUDENT OR RESIDENT, please circle all that apply:**  **ALLIED HEALTH STUDENT**  **Human Services**  **OT/PT/SLP**  **Psychology**  **Social Work**  **Other Allied Health Student:**  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HEALTH STUDENT**  **Dental Student**  **Medical Student**  **Nursing Student**  **MEDICAL RESIDENT**  **Family Physician**  **Internist**  **OB/GYN**  **Pediatrician**  **Psychiatrist**  **Other Resident**  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OTHER STUDENT**  **Counseling Education**  **Education**  **Other Student**  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |