**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*.**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |