

**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					
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>	
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

The public reporting burden of this collection of information is estimated to average 6 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (XXXX-XXXX)

How will you use the information you received today?

Please share any additional comments or suggestions.

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