First 2 letters of your mother's maiden name	
Month of your birthday	
Last 2 digits of your social security number	

E13. Great Lakes FASD Regional Training Center Clinical Experience A Evaluation Form

Please review and respond to the questions below. Your responses are essential to us as we work to make our training activities as meaningful as possible. Your responses will be treated confidentially.

1. On a scale from 1-10 where 1 means "Not confident in my skills" and 10 means "Totally confident in my skills," how *confident* are you in your skills to recognize and assess FASD in your patient population.

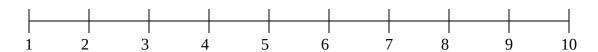


- 1a. If you did not rate yourself a "10", what would need to happen for you to give yourself that rating? Please check all that apply.
 - ☐ I need a better understanding of FASD concepts
 - ☐ I need better skill at diagnosing
 - ☐ I need more support from colleagues
 - $\ \square$ I need more information about where to refer a patient
 - ☐ I need more time for a patient appointment
 - ☐ I need to feel more comfortable bringing up the topic to patients and family members
 - $\hfill \square$ I need to feel more comfortable brining up the topic to colleagues
 - ☐ I need more practice
 - ☐ I'd rather refer
 - □ Other: _____

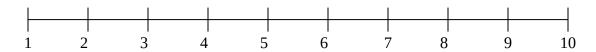
1 (over)

The public reporting burden of this collection of information is estimated to average 5 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)

2. On a scale of 1-10 where 1 means "Not at all Ready" and 10 is "Totally Ready," how ready are you at the present time to include clinical assessment in your professional practice.



3. On a scale of 1-10 where 1 means "I am not likely to include clinical assessment for FASD" and 10 means "I am very likely to include clinical assessment for FASD." How likely are you to include FASD assessment with your patient population?



- 3a. If you did not rate yourself a "10", what would need to happen for you to give yourself that rating? Please check all that apply.
 - ☐ I need a better understanding of FASD concepts
 - ☐ I need better skill at diagnosing
 - ☐ I need more support from colleagues
 - ☐ I need more information about where to refer a patient
 - ☐ I need more time for a patient appointment
 - ☐ I need to feel more comfortable bringing up the topic to patients and family members
 - $\hfill \square$ I need to feel more comfortable brining up the topic to colleagues
 - ☐ I need more practice
 - ☐ I'd rather refer
 - □ Other: _____

THANK YOU for participating in this Clinical Training.

Date Entered:		
By		