

Midwest Regional FASD Training Center FASD Event Evaluation

Speaker: _____ **Event Date:** _____

Event Title: _____

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

<i>To what extent to you agree with the following statements?</i>	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly agree</i>
The speaker was knowledgeable about the content.	1	2	3	4	5
The speaker explained concepts clearly.	1	2	3	4	5
The presentation was presented in a culturally competent, sensitive manner.	1	2	3	4	5
The content related to learning objectives.	1	2	3	4	5
The content was appropriate for the audience.	1	2	3	4	5
Visual aids, handouts, and other media content clarified content.	1	2	3	4	5
This content will be useful to me professionally.	1	2	3	4	5
This FASD presentation was interesting.	1	2	3	4	5
This training increased my awareness and knowledge of the harmful effects of alcohol on the developing fetus.	1	2	3	4	5
I would attend another presentation on the topic.	1	2	3	4	5
I would recommend this presentation to others.	1	2	3	4	5
OVERALL, the training met or exceeded my expectations.	1	2	3	4	5

1. What information did the session lack that you really wanted to know?

2. What information was most valuable?

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)