



**Program Evaluation Form**

*Conference Title: CCBS 8<sup>th</sup> Annual Ethics in Professional Practice Conference 8/7/2020*

**Presentation Title: Ensuring Organizational Ethics: Another Case for Organizational Behavior Management**

**Presented by: (Name & Degree): Rita Gardner, MPH, LABA, BCBA**

**Date attended:**

**Time Frame: 1hr.**

**A. Please rate how well the presentation met the stated objectives by circling the appropriate number for each objective below. *Very Poorly 1 2 3 4 5 Very Well***

Objective number:	One	Two	Three
<b>Rating:</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>

**B. Please indicate your level of agreement with each of the statements below by circling a number in the agreement scale**

<i>Disagree 1 2 3 4 5 Agree</i>
---------------------------------

	Presenter Name: _____ →	<i>1 David Prescott, LICSW</i>
1	Content was presented in an organized, clear and effective manner	1 2 3 4 5
2	Teaching aids/ audiovisuals were used effectively	1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5

**Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Please use the scale at the right to rate how well your experience met each of the overall Goals listed below.** *Very Poorly 1 2 3 4 5 Very Well*

1.	1	2	3	4	5
2	1	2	3	4	5
3.	1	2	3	4	5



**D. Design (Circle the number to indicate your level of agreement/disagreement with each of the aspects of conference design.)**

	Strongly Disagree	1	2	3	4	5	Strongly Agree
1. The program content met my needs.	1	2	3	4	5		
2. Length of the event was adequate	1	2	3	4	5		
3. What did you like most about the webinar?	_____						
4. What specific aspects did you like least about the webinar?	_____						

5. The delivery format was effective for this presentation:  
Please rate your level of agreement with this statement:  
Strongly Disagree 1 2 3 4 5 Strongly Agree

- E. As a result of attending this training, I see the value to me as indicated (Please check all that apply):**  
 I was able to update my skills.  
 I gained one or more specific ideas that I can implement in my area of practice.  
 I learned a new approach to my practice.  
 I have better knowledge upon which to base my decisions/actions in the practice setting.  
 I do not see the impact of this conference on my work.  
 Other

**F. Overall, I would rate this presentation as: (Please check one)**  
Below Above  
 1. Poor  2. Average  3. Average  4. Average  5. Excellent

**G. How much did you learn as a result of this CE program?**  
Very Little 1 2 3 4 5 Great Deal

**H. How useful was the content of the CE program for your practice or other professional development?**  
Very Little 1 2 3 4 5 Great Deal

**I. Other learning needs: (List any other topics you would be interested in for the future)**  
\_\_\_\_\_  
\_\_\_\_\_

Name (Optional) \_\_\_\_\_