



Program Evaluation Form

Conference Title: CCBS 8th Annual Ethics in Professional Practice Conference 8/7/2020

Presentation Title: Towards an Ethical Behavior Analytic Organization: Compassion, Cultural Humility, and Sustainability

Presenter: Noor Syed, Ph.D., BCBA-D, LBA/LBS

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
Rating:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

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

Disagree 1 2 3 4 5 Agree

	Presenter Name: _____ →	1 David Prescott, LICSW
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					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) _____