Program Evaluation Form

Title: **Sexual Identity, Gender Identity: Staying Current in a Rapidly Changing Landscape**

Presented by: Acey Mercer, LMSW; Steffani Brandenburg, LCSW, LICSW, CST; Julie Mencher, LICSW; Joseph Winn, LICSW, CST-S; and Jane Fleishman, PhD, MS, MEd, CSE, Sidney Trantham, Ph.D.
Date: (please enter date of attendance):
Time Frame: 6 hours

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. Mercer*
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

	Presenter Name: →	*2. Brandenburg*
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

	Presenter Name: →	*3. Mencher*
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

	Presenter Name: →	*4.Winn*
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

	Presenter Name: →	*5. Flieshman*
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

	Presenter Name: →	*6, Trantham*
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

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. Define and articulate sexuality and gender identities as a spectrum	1	2	3	4	5
2. Identify cultural and historical factors that contribute to LBGTQ+ identity formation	1	2	3	4	5
3 Discuss ways to support sexual and gender diverse individuals and their families	1	2	3	4	5
4. Identify potential socially relevant skills that can be taught/learned with simple digital and online/remote instructional and learning technologies based on the principles of applied behavior analysis.	1	2	3	4	5
5. Identify specific parenting practices and their influence on the mental health and resiliency of trans and nonbinary youth		1		2 5	3
6. Identify clinical biases and sexological worldviews that undermine systemic work with LGBTQQIA +, gender non-conforming, kinky, polyamorous, and consensually non-monogamous relational systems	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 _____