

Program Evaluation Form

Event Title: Tales from the Licensing Board: Ethical Issues Facing Couple and Family Therapists — Home Study

Presenter: Scott Cohen, LICSW, LMFT

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

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

	Overall Presentation →	Rating
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
3	Instructor's knowledge of subject matter	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. Explain Informed Consent and identify how to comply with Informed Consent in the psychotherapeutic relationship	1	2	3	4	5
2. Explain how the AAMFT Code of Ethics as they apply to practicing marriage and family therapists	1	2	3	4	5
3. List at 3 important elements of record keeping	1	2	3	4	5
4. State the marriage and family therapist's responsibilities when treating children whose parents may be separated, divorced, or never married	1	2	3	4	5
5. Describe the benefits of developing a Professional Will	1	2	3	4	5
6. Identify the MA Board's guidelines on teletherapy	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. This program was appropriate for my education, experience and licensure level	1	2	3	4	5	
1. This program was delivered professionally & appropriately	1	2	3	4	5	
4. What did you like most about the webinar? _____						
5. What specific aspects did you like least about the webinar? _____						
6. 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. The timeline of course adhered to the advertised time, and credits awarded Yes No

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

Name: _____