



Program Evaluation Form

Title: Novel Uses of Applied Behavior Analysis - Part II

Presented by: (Name & Degree) Joseph Cautilli, Ph.D., BCBA-D & Michael Weinberg, Ph.D., BCBA-D
Date: December 17, 2020
Time Frame: 6 – 7:30 p.m. (1.5 CE Credits)

A. Please rate how well the presentations 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: _____ → | <i>Joseph Cautilli</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 |

| | | |
|--|---|-------------------------|
| | Presenter Name: _____ → | <i>Michael Weinberg</i> |
| | Content was presented in an organized, clear and effective manner | 1 2 3 4 5 |
| | 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*
 Presenter: Joseph Cautilli, Ph.D., BCBA-D

| | | | | | |
|----|---|---|---|---|---|
| 1. | 1 | 2 | 3 | 4 | 5 |
| 2. | 1 | 2 | 3 | 4 | 5 |
| 3. | 1 | 2 | 3 | 4 | 5 |



Presenter: Michael Weinberg, Ph.D., BCBA-D

| | | | | | |
|----|---|---|---|---|---|
| 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. The method of presentation met my needs | 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? _____ | | | | | |

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) _____