



Program Evaluation Form

Title: *Translating Trauma-Informed Care Concepts into Practice with Justice-Involved Clients*

Presented by: Jill S. Levenson, Ph.D., LCSW, Gwenda Willis, PhD, PG Dip Clin Psyc., & David S. Prescott, LICSW
Date Attended:
Time Frame: 4 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: _____ →	<i>Jill Levenson, Ph.D., LCSW</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

Presenter Name: _____ →	<i>Gwewnda Wills, Ph.D.,</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

Presenter Name: _____ →	<i>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

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*



Attendees will learn to:

1) define principles and components of trauma-informed care.	1	2	3	4	5
2) describe historical and cultural trauma and their legacy in marginalized communities.	1	2	3	4	5
3) identify links between current client behaviors and intergenerational trauma.	1	2	3	4	5
4) identify challenging cases and develop trauma-informed responses to addressing client needs.	1	2	3	4	5
5) explain the use the therapeutic relationship as a tool for collaborative change.	1	2	3	4	5
6) translate the TIC framework into direct clinical practice skills, with specific and practical strategies for engagement and trauma-informed responding.	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 format of the presentation (i.e. online) 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) _____