

**Program Evaluation Form**

Webinar: Erin Taylor, Ph.D. Webinar

Title: Assessment of Problematic Sexual Behavior in Children: What, When, and How

Date: 3/13/2018

**Presented by:** Erin Taylor, Ph.D.

**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
<b>Rating:</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>

**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>
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	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. Learn about recommended structures for an assessment of children when there are concerns about sexual behavior.	1	2	3	4	5
2. Learn suggested interview topics and approaches with children and their caregivers when assessing concerning sexual behaviors.	1	2	3	4	5
3. Learn about standardized measures that can be used in the assessment of children when there are concerns about sexual behavior.	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? _____					
_____					
_____					

**E. As a result of attending this conference, 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) \_\_\_\_\_