



Webinar title: Clinical Decision Making in Cases of Children with Problematic Sexual Behavior

Presenters: Shel Millington, M.A., LPC and Amanda Mitten, MA, LPC

Webinar Date: 4/10/18

Date Completed: _____

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 statements below by circling a number in the agreement scale for each presenter

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

Presenter name: Shel Millington, M.A., LPC

:		1	2 NA	3 NA
1	Content was presented in an organized, clear and effective manner	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3	Teaching aids/ audiovisuals were used effectively	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4	I would attend another workshop by this presenter	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Presenter name: Amanda Mitten, MA, LPC

:		1	2 NA	3 NA
1	Content was presented in an organized, clear and effective manner	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3	Teaching aids/ audiovisuals were used effectively	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4	I would attend another workshop by this presenter	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Additional Comments: _____

Overall Evaluation

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 to identify evidence-based treatment components from PSB-CBT designed to reduce or eliminate PSB in children	1	2	3	4	5
2. Learn to describe treatment decision making through utilization of standardized instruments to assess co-occurring symptoms	1	2	3	4	5
3. Learn to explain timing of treatment elements, decision making around prioritizing treatment components, and how to apply this in the clinic environment	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	1	2	3	4	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? _____ b _____						

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 conference/seminar/workshop/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) Laura Moody