



**Online Continuing Education Evaluation Form** Name \_\_\_\_\_

**Course Title: Mode Deactivation Therapy License/Certification #** \_\_\_\_\_

Orlando Behavior Health Services, LLC is committed to bringing you quality continuing education options. We are asking for your help in evaluating this presentation. Please complete this form. Thank you for assisting us in improving our continuing education course materials. Please make **BOLD** the number that best describes how you rate each statement using the appropriate scale: Poor-Excellent or Disagree-Agree. Then save the file.

- |   | <b>Poor/<br/>Disagree</b> | <b>Neutral</b>   | <b>Excellent<br/>/ Agree</b> |  |
|---|---------------------------|------------------|------------------------------|--|
| 1. The material presented was .....   | 1                         | 2 3              | 4 5                          |  |
| 2. The value of the information was .....   | 1                         | 2 3              | 4 5                          |  |
| 3. The value of the time spent was .....  | 1                         | 2 3              | 4 5                          |  |
| 4. The knowledge of the author as conveyed in the course was .....  | 1                         | 2 3              | 4 5                          |  |
| 5. The ability of the course to make the subject interesting was .....  | 1                         | 2 3              | 4 5                          |  |
| 6. The ease of understanding the material & organization of the presentation was .....  | 1                         | 2 3              | 4 5                          |  |
| 7. Objective 1, "Learn to state the basic theoretical constructs for<br>Mode Deactivation Therapy" was achieved .....   | 1                         | 2 3              | 4 5                          |  |
| 8. Objective 2, "Acquire skills for competent in selecting the correct<br>MDT assessment" was achieved.....   | 1                         | 2 3              | 4 5                          |  |
| 9. Objective 3, "Learn to competently in administering MDT assessments<br>to adolescents "was achieved.....   | 1                         | 2 3              | 4 5                          |  |
| 10. Objective 4, "Learn skills competent application of MDT" was achieved.....  | 1                         | 2 3              | 4 5                          |  |
| 11. Objective 5, "Learn to identify the purpose for MDT Mindfulness" was achieved.....  | 1                         | 2 3              | 4 5                          |  |
| 12. Objective 6, "Be competent in applying the MDT methodology of VCR"<br>was achieved.....   | 1                         | 2 3              | 4 5                          |  |
| 13. Objective 7, "Learn to identify the differences in application of the ACT<br>principle of defusion and the MDT application of emotional<br>and cognitive defusion was achieved..... | 1                         | 2 3              | 4 5                          |  |
| 14. Would you recommend this course to your colleagues? .....   | 1                         | <b>Yes</b>       | 2 No                         |  |
| 14. Was the course's length adequate for the number of hours received?.....   | 1                         | <b>Yes</b>       | 2 No                         |  |
| 15. Indicate the level of experience a participant should possess<br>prior to completing this course. ....  | 1                         | <b>Beginning</b> | 2 Intermediate 3 Advanced    |  |
| 16. What could you suggest to improve this training? _____  |                           |                  |                              |  |

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17. Please indicate how you found this CE opportunity:  Advertisement  referred by colleague  online  
 search engine  specific website  brochure  Other (please specify): \_\_\_\_\_