

IASD CE EVALUATION FORM: USE ONE FORM FOR EACH PRESENTER

27TH ANNUAL CONFERENCE: ASHEVILLE, NC JUNE 27-JULY 1, 2010

PLEASE FILL OUT ONE FORM FOR EACH SPEAKER EVEN IF A PRESENTATION HAS MULTIPLE SPEAKERS.

PRESENTATION NUMBER: _____ PRESENTER NAME: _____

RATINGS: 1= Strongly Disagree 2=Disagree Somewhat 3=Neutral 4=Agree Somewhat 5 =Strongly Agree NA=Not Applicable
(Please Note: The highest rating is a 5 and the lowest rating is a 1)

THIS PRESENTER:

1. DEMONSTRATED KNOWLEDGE, SKILL, AND UNDERSTANDING	1	2	3	4	5	
2. COMMUNICATED EFFECTIVELY	1	2	3	4	5	
3. WAS WELL ORGANIZED	1	2	3	4	5	
4. PROVIDED INFORMATION OR TECHNIQUES RELEVANT TO MY CLINICAL PRACTICE OR DREAMWORK PRACTICE	1	2	3	4	5	NA
5. ENHANCED MY KNOWLEDGE OF DREAM THEORY OR RESEARCH	1	2	3	4	5	NA
6. EFFECTIVELY FACILITATED MY PERSONAL GROWTH	1	2	3	4	5	NA
7. IS SOMEONE I WOULD RECOMMEND FOR FUTURE PRESENTATIONS	1	2	3	4	5	
8. WAS ATTENTIVE TO QUESTIONS AND DIALOGUE	1	2	3	4	5	NA
9. EFFECTIVELY USED THE SESSION FORMAT (E.G., PAPER, PANEL)	1	2	3	4	5	
10. PROVIDED INFORMATION OR TECHNIQUES RELEVANT TO MY CLINICAL PRACTICE OR DREAMWORK PRACTICE	1	2	3	4	5	NA
11. EFFECTIVELY USED AUDIOVISUALAIDS OR HANDOUTS	1	2	3	4	5	NA
12. WAS SENSITIVE TO CULTURAL ISSUES	1	2	3	4	5	NA
12. WAS SENSITIVE TO ETHICAL ISSUES	1	2	3	4	5	
13. PROVIDED RELEVANT RESOURCES FOR FUTURE LEARNING	1	2	3	4	5	

RATE HOW WELL THE THREE LEARNING OBJECTIVES OF THIS PRESENTATION WERE MET:

Please refer to the list of learning objectives that the instructor provided during the presentation.

14. LEARNING OBJECTIVE #1 WAS FULLY MET	1	2	3	4	5	
15. LEARNING OBJECTIVE #2 WAS FULLY MET	1	2	3	4	5	
16. LEARNING OBJECTIVE #3 WAS FULLY MET	1	2	3	4	5	

17: Please provide any further comments and suggestions about the strengths and weaknesses of this presentation.

Additional comments can be put on the full conference evaluation form or E-mailed to office@asdreams.org