



Association of Social Work Boards

**ACE Resource**

*Conference Session Evaluation Sample*

**Conference Title**

**Location**

**Dates**

Please complete this form and return it to the registration desk. Your comments and appraisals are very important to us. Every score and comment is reviewed by our staff and the individual presenter. Please rate each question according to how well you felt objectives of the training were met:

Rating Scale

1=Strongly agree, 2=Agree, 3=NA, 4=Disagree, 5=Strongly disagree

| Example #1<br>Topic Areas/Objectives Met  | 1 | 2 | 3 | 4 | 5 | Comments |
|---|---|---|---|---|---|----------|
| <b>Workshop (session) title</b>   |   |   |   |   |   |          |
| <b>Presenter:</b> Brian P*****, LCSW  |   |   |   |   |   |          |
| <b>Learning Objectives:</b><br>1. Define the tasks of at least one member of an interdisciplinary team. |   |   |   |   |   |          |
| 2. Describe two tools for collecting data before implementing a bereavement program.                    |   |   |   |   |   |          |
| 3. Identify options for follow-up   |   |   |   |   |   |          |
| <b>Workshop Experience</b><br>4. Speaker showed subject matter knowledge and expertise                  |   |   |   |   |   |          |
| 5. Speaker's presentation was effective, clear and responsive to participants                           |   |   |   |   |   |          |
| 5. Topic was relevant to social work practice   |   |   |   |   |   |          |
| 6. Instructional materials (hand-outs, visual aids, computer projection) were suitable and useful       |   |   |   |   |   |          |
| 7. Information was useful and current   |   |   |   |   |   |          |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 8. Information was appropriate to my professional education, experience and licensure |  |  |  |  |  |  |
| 9. Rate workshop (session) location   |  |  |  |  |  |  |
| 10. Rate workshop (session) facilities  |  |  |  |  |  |  |

**Association of Social Work Boards  
ACE Provider Resource  
Conference, Individual Workshop Evaluation Sample #2**

**Conference Title**  
**Location**  
**Dates**

Please complete this form and return it to the registration desk. Your comments and appraisals are very important to us. Every score and comment is reviewed by our staff and the individual presenter. Please grade each question according to how well you felt objectives of the training were met:

**Rating Scale**

1=Excellent 2=Good 3=Unsure 4=Fair 5=Poor

| <b>Example #2</b><br><b>Topic Areas/Objectives Met</b>                                    | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>Comments</b> |
|---|----------|----------|----------|----------|----------|-----------------|
| <b>Presenter:</b> Madeline R****, MD  |          |          |          |          |          |                 |
| <b>Workshop (session) title:</b>  |          |          |          |          |          |                 |
| <b>Rate your comprehension of session learning objectives</b>                             |          |          |          |          |          |                 |
| 1. List 3 emotional responses of patient in 1 <sup>st</sup> 90 days of dialysis treatment |          |          |          |          |          |                 |
| 2. Explain the impact to family members of delayed onset of dialysis                      |          |          |          |          |          |                 |
| <b>Workshop Experience</b><br><b>Please rate the following:</b>                           |          |          |          |          |          |                 |
| 3 Speaker's knowledge of subject matter and expertise                                     |          |          |          |          |          |                 |
| 4. Speaker's effectiveness, clarity and responsiveness to participants                    |          |          |          |          |          |                 |
| 5. Currency of the subject matter   |          |          |          |          |          |                 |
| 6.Topic's relevance to social work practice   |          |          |          |          |          |                 |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 7. Instructional materials' suitability and usefulness<br>(Hand-outs, visual aids, computer projection) |  |  |  |  |  |  |
| 8. Appropriateness of information to my professional education, experience and licensure                |  |  |  |  |  |  |
| 9. Rate workshop (session) location   |  |  |  |  |  |  |
| 10. Rate workshop (session) facilities  |  |  |  |  |  |  |

| <b>Overall Conference Evaluation (sample)</b>  |                                 |                   |                               |                 |                           |                 |
|--|---------------------------------|-------------------|-------------------------------|-----------------|---------------------------|-----------------|
| <b>Conference title:</b>   |                                 |                   |                               |                 |                           |                 |
| <b>Conference dates:</b>   |                                 |                   |                               |                 |                           |                 |
| <b>Conference location:</b>  |                                 |                   |                               |                 |                           |                 |
| <b>Rate how well your expectations were met</b>  | <b>1<br/>Extremely<br/>well</b> | <b>2<br/>Well</b> | <b>3<br/>Unsure<br/>or NA</b> | <b>4<br/>OK</b> | <b>5<br/>Not<br/>well</b> | <b>Comments</b> |
| 1. Overall Conference objectives (list and rate objectives individually)                                       |                                 |                   |                               |                 |                           |                 |
| 1.a. Policy updates  |                                 |                   |                               |                 |                           |                 |
| 1. b. Practice skills and abilities updates  |                                 |                   |                               |                 |                           |                 |
| 1. My requests for assistance and/or accommodations for a disability were addressed promptly and respectfully. |                                 |                   |                               |                 |                           |                 |
| 2. Rate conference facilities and administration   |                                 |                   |                               |                 |                           |                 |
| a. Location  |                                 |                   |                               |                 |                           |                 |
| b. Schedule  |                                 |                   |                               |                 |                           |                 |
| c. Registration, information, assistance   |                                 |                   |                               |                 |                           |                 |
| d. Accommodations and service  |                                 |                   |                               |                 |                           |                 |
| e. Meeting room  |                                 |                   |                               |                 |                           |                 |
| f. Meals   |                                 |                   |                               |                 |                           |                 |
| g. Breaks  |                                 |                   |                               |                 |                           |                 |
| 3. What did you find most helpful about the conference?  |                                 |                   |                               |                 |                           |                 |

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|--|
| 4. What did you find least helpful about the conference?   |
| 5. How do you feel the presentation of the material could be improved? (i.e. format change with presentation methods, information updates, etc.) |
| 6. How did you hear about this conference?   |
| 7. Ideas for future conferences:   |
| <b>8. Please use this space for additional comments.</b>   |