



Continuing Education Evaluation

Course Name: _____

Course Number: _____

Location: _____ Date: _____

Trainer(s): _____

Employment:

- | | | |
|--|---|---|
| <input type="checkbox"/> DCFS | <input type="checkbox"/> Other State Agency | <input type="checkbox"/> Community Agency |
| <input type="checkbox"/> Other Division of DHS | <input type="checkbox"/> School (public or private) | <input type="checkbox"/> Not Employed |
| <input type="checkbox"/> Department of Health | <input type="checkbox"/> Local/County Agency | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Department of Education | | |

Education:

- | | | |
|---|---|---|
| <input type="checkbox"/> Less Than High School | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Specialist Certification/Post Master's |
| <input type="checkbox"/> Some College/No Degree | <input type="checkbox"/> Master's Degree | |

Are you a foster parent? ☐ Yes ☐ No

- | | Poor | Fair | Satisfactory | Good | Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| *1. How do you rate this training overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *2. How do you rate the trainer(s) overall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Your comments regarding the training and/or trainer. Use the back of page if necessary | | | | | |

4. What continuing education topics or subjects would you like to see MidSOUTH present in the future? Please give details to assist us in understanding your training needs. Use the back of page if necessary.

5. Please tell us how you learned about this training.

- | | |
|--|---|
| <input type="checkbox"/> MidSOUTH Web Site | <input type="checkbox"/> Referral by Friend/Colleague |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Conference _____ |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Other _____ |

6. Prior to this event, how many MidSOUTH training events have you attended in the past 12 months?

- | | |
|------------------------------|------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3-4 |
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 5 or more |