

# ACA 2017 Conference & Expo

## Education Session Evaluation

ID #: \_\_\_\_\_ Title: \_\_\_\_\_

	(5) Excellent	(4) Above Average	(3) Average	(2) Below Average	(1) Poor
<b>Accomodations</b>					
1. The facility and accommodations of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Program</b>					
2. Relevance of the program to professional counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Relevance of the topic to your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The content of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The content and quality of the program material(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Presenter</b>					
6. Presenter knowledge and expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Presenter organization and preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Presenter ability to remain on topic and convey ideas clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Presenter ability to maintain audience interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How much did you learn as a result of this CE program? (rate 1-5 with 5 being the highest and 1 being the lowest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Expectations</b>					
11. Did this presentation meet your expectations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

### 12. Profession

Please select the profession which best describes you

- Counselor     
  Psychologist     
  Counselor Educator     
  Other: \_\_\_\_\_
- Social Worker     
  Student     
  Substance Use Disorder Counselor

13. Are you a National Certified Counselor (NCC)?     Yes     No

14. Comments:


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ID #: \_\_\_\_\_ Title: \_\_\_\_\_

	(5) Excellent	(4) Above Average	(3) Average	(2) Below Average	(1) Poor
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<b>Accomodations</b>					
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15. The facility and accommodations of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Program</b>					
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16. Relevance of the program to professional counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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17. Relevance of the topic to your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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18. The content of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19. The content and quality of the program material(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Presenter</b>					
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20. Presenter knowledge and expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21. Presenter organization and preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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22. Presenter ability to remain on topic and convey ideas clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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23. Presenter ability to maintain audience interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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24. How much did you learn as a result of this CE program? (rate 1-5 with 5 being the highest and 1 being the lowest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Expectations</b>					
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25. Did this presentation meet your expectations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
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<b>26. Profession</b>					
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Please select the profession which best describes you

Counselor       Psychologist       Counselor Educator       Other: \_\_\_\_\_

Social Worker       Student       Substance Use Disorder Counselor

27. Are you a National Certified Counselor (NCC)?     Yes     No

28. Comments:
