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FAX COVER PAGE

Instructions: Please complete the attached program evaluation form and fax or email it to Alma Krcic at **212-629-3321** or akrcic@cicatelli.org

Date:

Total # of Pages:

Thank you!

PROG ID: 14884

WORKSHOP EVALUATION

Workshop Title: Webinar: Mandatory Reporting of Child Sexual Abuse

Date: 02/16/11 - 02/16/11

circle your answers

PLEASE RATE THE FOLLOWING ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST).

- | | poor | fair | good | very good | excellent |
|--|------|------|------|-----------|-----------|
| 1. To what extent did the workshop meet its stated objectives: | | | | | |
| a. Review New York State laws on mandatory reporting of child abuse | 1 | 2 | 3 | 4 | 5 |
| b. Discuss case studies related to child abuse | 1 | 2 | 3 | 4 | 5 |
| c. Explore ways to support minors who are experiencing complex sexual situations | 1 | 2 | 3 | 4 | 5 |
| 2. To what extent did the objectives relate to the overall purpose. | 1 | 2 | 3 | 4 | 5 |
| 3. Your satisfaction with your level of participation during the workshop. | 1 | 2 | 3 | 4 | 5 |
| 4. Usefulness of the instructional materials. | 1 | 2 | 3 | 4 | 5 |
| 5. Degree to which this was a good learning experience. | 1 | 2 | 3 | 4 | 5 |
| 6. Overall satisfaction with the workshop. | 1 | 2 | 3 | 4 | 5 |

PLEASE RESPOND TO THE FOLLOWING:

- 7. The most useful part of the workshop was:

- 8. The least useful part of the workshop was:

- 9. As a result of attending this workshop, I plan to:

10. The mix of theory and skill practice at this workshop was:

Too much theory; A good mix: Too much practice.

11. Please rate from lowest (disagree) to highest (agree).

Kindly circle your answer for each facilitator(s) on the line indicated.

I felt the facilitator(s):	Name	Disagree					Agree				
a. Knew the subject matter thoroughly.	<u>Amanda Brown, MPH</u>	1	2	3	4	5					
b. Presented the information clearly.	<u>Amanda Brown, MPH</u>	1	2	3	4	5					
c. Provided opportunities for participation.	<u>Amanda Brown, MPH</u>	1	2	3	4	5					
d. Provided opportunities for questions.	<u>Amanda Brown, MPH</u>	1	2	3	4	5					
e. Was able to hold my attention.	<u>Amanda Brown, MPH</u>	1	2	3	4	5					
f. Extent to which the teaching methods were effective.	<u>Amanda Brown, MPH</u>	1	2	3	4	5					
a. Knew the subject matter thoroughly.	<u>Bernadette Hoppe, MA, JD</u>	1	2	3	4	5					
b. Presented the information clearly.	<u>Bernadette Hoppe, MA, JD</u>	1	2	3	4	5					
c. Provided opportunities for participation.	<u>Bernadette Hoppe, MA, JD</u>	1	2	3	4	5					
d. Provided opportunities for questions.	<u>Bernadette Hoppe, MA, JD</u>	1	2	3	4	5					
e. Was able to hold my attention.	<u>Bernadette Hoppe, MA, JD</u>	1	2	3	4	5					
f. Extent to which the teaching methods were effective.	<u>Bernadette Hoppe, MA, JD</u>	1	2	3	4	5					

12. What changes would you recommend for improving this workshop?

13. What additional workshops would you like to attend in the future?

14. Please rate the physical facility used for this training program (circle one).

Poor Adequate Excellent
 1 2 3 4 5

15. ADDITIONAL COMMENTS:

Cicatelli Associates Inc.
Anonymous Participant Demographic Form



To target our services better, we are asking all of our participants to complete the following information.

Gender: Female, Transgender, Male, Intersex

Age: [][]

Are you of Hispanic, Latino, or Spanish origin? Yes, No

Race (select all that apply): American Indian/Alaskan Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, White, Other: _____

Highest level of formal education: Less than High School Diploma, High School Diploma/GED, Some College, Associate's Degree, Bachelor's Degree, Master's Degree, Doctoral Degree

Advanced degrees and certifications (select all that apply): MD/DO, PA, DDS, OD, PhD, JD, CPA, CNA, LPN/LVN, RN, NP, CNM, CNS, ACRN, RD, CHES, CASAC, RN, NP, LCSW, LMHC, MPH, MSc, MA, MS, Other (fill in below)

Primary functional role(s) (select all that apply): Accounting, Administrator/Supervisor, Board Member, Care Provider/Clinician, Case Mgmt. Technician, Case Manager, Childcare Worker, Clergy/Spiritual Leader, Community Follow-Up Worker, Counselor/Therapist, Data Manager, Epidemiologist, Financial Manager, Health Educator, Medical Assistant, Medical Director, Nutritionist, Outreach Worker, Patient Advocate/Navigator, Peer Educator/Advocate, Program Director, Program Manager/Coord., Psychiatrist, Psychologist, Social Worker, Student/Graduate Student, Trainer/Teacher/Faculty, Volunteer, Not Working/Not Employed, Other

How long have you been in your primary functional role? [][] years

Area(s) of specialization (select all that apply): Adolescent Health, CAM, Criminal Justice, Early Childhood, Education, HIV/AIDS, Information Systems, International Health, Mental Health, Nutrition/Obesity, Oncology/Cancer, Pediatrics, Prenatal Care/OB/Gyn, Primary Care, Reproductive Health, Research, STIs/STDs, Substance Abuse, Tobacco Control, Violence Prevention, Other

How long have you been in your primary area of specialization? [][] years

Principal employment setting (select all that apply): Adolescent Health Center, CBO/Community Agency, Child Welfare Services/Foster Care, Community/Migrant Health Ctr., Correctional Facility, Domestic Violence/Rape Crisis Ctr., Early Childhood Facility, EMS/Police/Fire, Faith-Based Org., Family Planning Agency, HIV/AIDS Service Org., HMO/Managed Care Org., Home Care, Homeless Shelter, Hospice/Palliative Care, Hospital or Hospital-Based Clinic, Long-Term Care Facility, Mental Health Facility, Private Practice, School/Educational Institution, State/Local Health Dept., STD Clinic, Substance Abuse Treatment Prg, Tribal/Indian Health Center, Other

Zip-code of your principal employment setting: [][][][][]

Location of your principal employment setting: Urban, Suburban, Rural, Indian Reservation

