

HomEd Audio Evaluation Form

***** Kindly complete this evaluation and return it with your completed Post-Test*****
to NASW, 14 Beacon Street, Suite 409, Boston, MA 02108

Title of Program *(fill in)* _____

RATING SYSTEM: 4 = HIGH, 3 = ABOVE AVERAGE, 2 = BELOW AVERAGE, 1 = POOR

(Circle number that applies)

1. THE PRESENTER: _____
- | | | | | |
|--------------------------------------|---|---|---|---|
| a. Demonstrated expertise in subject | 4 | 3 | 2 | 1 |
| b. Spoke clearly | 4 | 3 | 2 | 1 |
2. This workshop has relevance to my professional practice. 4 3 2 1
3. NASW is committed to addressing diversity issues and the impact of policy on individuals' problems. To what extent did this program address:
- | | | | | |
|------------------------|---|---|---|---|
| • diversity issues | 4 | 3 | 2 | 1 |
| • public policy issues | 4 | 3 | 2 | 1 |

COMMENTS: Please comment on your ratings above and indicate additional responses about this program including what you liked best and least:

RECOMMENDATIONS FOR FUTURE AUDIO PROGRAMS - TOPICS AND SPEAKERS:

How did you learn of HomEd? Please circle all that apply.

Brochure in mail * Brochure at Conference * Chapter Newsletter * National Newsletter * Chapter Website * National Website
Colleague * Email * Advertisement (please specify where) _____ * Other (please specify) _____