

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*) _____ Group Psychotherapy _____

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

(Circle number that applies)

1. THE PRESENTER: _____ Dr. Scott Rutan _____
- 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) _____