## **NASW-VA CE Evaluation Form**

Participant Na	me (first, middle in	nitial, last):				
Participant e-mail address: c  Member of NASW: If, yes, Member #		ll phone	e#			
Member of NA	ASW:	_ If, yes, Member #_				
]	Participant License	: #:				
Conference Title:		Presenter:				
Conference Date:						
Location: Virtual						
Conference attendees should con completed following the conference Completed evaluation forms ar	nce and submitted to the	ne instructor.	erence.	Γhis form	is to be	
Questions			Very Sati sfie d	Som ewh at Satis fied	Som ewh at Diss atisf ied	Very Diss atisf ied
Rate your overall satisfaction	with the conference/work	cshop.	4	3	2	1
Rate your overall satisfaction	with the presenters.		4	3	2	1
♦ Did the conference meet your learning expectations?			4	3	2	1
♦ Were presenters familiar with the subject?			4	3	2	1
♦ Were presenters responsive to audience participation/questions?			4	3	2	1
• Were the facilities adequate for the conference (size, temperature, sound level, conveniences, etc.)?			4	3	2	1
Name two Social Work trainideas):	nings that you would	like to attend in the future	e (existin	g worksh	ops or y	our owr
<ol> <li>How did you hear about this</li> <li>a) Friend/colleague; b) web</li> </ol>			e) Othe	er, please	specify	
3. Please assign numbers to the conference/workshop. (With Price Location Topic Speaker Sponsor/Provider (Ex. University, ASWB, etc.)	5-being extremely imp					
4. Where do you obtain your re a) Conferences b) Worksho		k e) All of these f) Other	er, please	specify_		

- 5. Would you be more or less likely to take trainings if they were offered online and why?
- 6. Additional Comments or Concerns that you have about the workshop: (use the back of this form if necessary)