**CONTINUING EDUCATION**

EVALUATION FORM

**CE Program Title:** Bundle Five (Module 10): “Stalking and Intimate Partner Violence”

 J. Reid Meloy, PhD, ABPP and Molly Ammen, JD, CTM

**Number of CEs:** **.75 Hour**

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| Instruction and Content | **Strongly Disagree** | Disagree | **Neither Agree nor****Disagree** | **Agree** | **Strongly Agree** |
| 1. The program supported me to: |  |  |  |  |  |
| 1. Identify four key elements of stalking
 | 1 | 2 | 3 | 4 | 5 |
| 1. Identify subtypes of stalking, including Intimate Stalking
 | 1 | 2 | 3 | 4 | 5 |
| 1. List the elements of stalker persistence
 | 1 | 2 | 3 | 4 | 5 |
| 2. The content was appropriate for postdoctoral level training  | 1 | 2 | 3 | 4 | 5 |
| 3. Instruction was at a level appropriate to postdoctoral level training | 1 | 2 | 3 | 4 | 5 |
| 4. Teaching methods were effective | 1 | 2 | 3 | 4 | 5 |
| 5. Information could be applied to my practice or other work context. | 1 | 2 | 3 | 4 | 5 |
| 6. Issues of diversity were addressed.  | 1 | 2 | 3 | 4 | 5 |
| 7. How much did you learn as a result of this CE program? | Very Little | Little | Some | A Good Deal | A Great Deal |
| 8. How useful was the content of this CE program to your practice or professional development? | Not Useful | A Little Useful | Some-what Useful | Useful | Extremely Useful |

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| **Presenters:** J. Reid Meloy and Molly Amman | **Strongly Disagree** | Disagree | **Neither Agree nor****Disagree** | **Agree** | **Strongly Agree** |
| 9. Knew the subject matter | 1 | 2 | 3 | 4 | 5 |
| 10. Presented content effectively (e.g., promoted deep reasoning and learning; included a consideration of obstacles or anomalies) | 1 | 2 | 3 | 4 | 5 |
| 11. Maintained my interest | 1 | 2 | 3 | 4 | 5 |
| 12. Was responsive to questions, comments, and opinions | 1 | 2 | 3 | 4 | 5 |
| 13. Provided a variety of applied examples (e.g., case presentations) | 1 | 2 | 3 | 4 | 5 |
| **Professional & Ethical Issues** |  |
| 14. Prior to the presentation, the following was made clear: |
| a. Requirements for successful completion of activity/receipt of CE | Yes | No |
| b. IF APPLICABLE, commercial support for CE program, sponsor, or instructor (or any other relationship that could reasonably be construed as a conflict of interest), either verbally or in promotional/registration materials | Yes | No |
| e. Accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks | Yes | No |
| Venue, Setting, etc.  | **Strongly Disagree** | **Disagree** | **Does Not Apply** | **Agree** | **Strongly Agree** |
| 15. Facility was adequate for my needs (if applicable) | 1 | 2 | 3 | 4 | 5 |
| 16. Special needs were met (if applicable) | 1 | 2 | 3 | 4 | 5 |
| 17. Food and beverage were adequate (if applicable) | 1 | 2 | 3 | 4 | 5 |

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| **Participant Information** |  |  |  |  |  |
| 18. Please tell us your profession (Please check all that apply) | □ Psychologist | □ Medical Professional | □ Masters Level Licensed Therapist | □ Social Worker | □ Student |
| □ Administrator | □ University Faculty | □ Other: | ­­­\_\_\_\_\_\_\_\_­­­­­­­­\_\_List profession |  |
| 19. Please note years in your profession | □ Student | □ 1-5 | □ 6-10 | □ 11-20 |  □ 20+ |

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| **Narrative** |
| 20. Please provide any additional feedback that can improve this course or the program overall.  |
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| 21. Please let us know what topics or presenters would you like to see at future CE presentations? |
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