

**EVALUATION**

**Motivational Interviewing & Trauma Informed Care**

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| **Date(s) Attended:** | **Training Location:** Interactive Live Streaming Webinar via Zoom | | **Trainer(s):  Casey Jackson**; MSW, LICSW, MAC, CDP and/or **John Gilbert,** MS, RD, RHCIII,CEP® | |
| **Your Name:** | | **Your Profession:** | | **Are you a social worker:**  **Yes No** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Please rate the following aspects of the Motivational Interviewing (MI) training.** | **Strongly**  **Agree**  **5** | **Agree**  **4** | **Neutral**  **3** | **Disagree**  **2** | **Strongly Disagree**  **1** | **N/A** |
| 1. The instructor/presenter: |  |  |  |  |  |  |
| 1. Was knowledgeable about the MI concepts. |  |  |  |  |  |  |
| 1. Presented subject matter clearly. |  |  |  |  |  |  |
| 1. Responded to participants in a way that met our learning needs. |  |  |  |  |  |  |
| 1. Used the technology effectively. |  |  |  |  |  |  |
| 1. The course material was appropriate to my education, experience, and/or licensure level. |  |  |  |  |  |  |
| 1. The course material was relevant to my practice. |  |  |  |  |  |  |
| 1. The course material was current. |  |  |  |  |  |  |
| 1. The course material presented the course content effectively. |  |  |  |  |  |  |
| 1. The handouts and teaching aids enhanced the content of the course. |  |  |  |  |  |  |
| 1. After completing this course I am able to: |  |  |  |  |  |  |
| 1. Recognize distinctions between the Primal/Limbic brain response and the Thinking/Cortex brain response. |  |  |  |  |  |  |
| 1. Recognize how trauma impacts survival decision making versus engaged executive functioning decision making. |  |  |  |  |  |  |
| 1. Identify Resistance Talk, Sustain Talk, and Change Talk. |  |  |  |  |  |  |
| 1. Demonstrate how reflective statements can better engage executive functioning. |  |  |  |  |  |  |
| 1. The technology was user friendly. |  |  |  |  |  |  |
| 1. The length of time to complete the course   matches the number of CE credits awarded for the course. |  |  |  |  |  |  |
| 10. Program Administration: |  |  |  |  |  |  |
| 1. Course registration was user-friendly. |  |  |  |  |  |  |
| 1. My questions or concerns were addressed effectively. |  |  |  |  |  |  |
| 1. My questions or concerns were addressed in a timely manner. |  |  |  |  |  |  |
| 1. Instructions for requesting accommodations for disability were clear. |  |  |  |  |  |  |

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| **Please rate your participation in learning Motivational Interviewing.** | **Strongly**  **Agree**  **5** | **Agree**  **4** | **Neutral**  **3** | **Disagree**  **2** | **Strongly Disagree**  **1** | **N/A** |
| 1. I was open and wanted to learn something from today’s training. |  |  |  |  |  |  |
| 1. I participated and asked questions to better learn how MI could integrate into my current job/responsibilities. |  |  |  |  |  |  |
| 1. I am pushing/challenging myself to learn and practice Motivational Interviewing concepts and skills. |  |  |  |  |  |  |

Please identify elements from the training you found most useful:

Please identify at least one thing you will do differently as a result of this training:

Please identify areas of the training that could be improved:

Please take a moment to write a few comments in terms of the quality of this IFIOC training (these will be shared with the sponsor of this training to evaluate if this training was a good use of resources):

**The attendee signing below is requesting 7.5 CE credits for the Motivational Interviewing and Trauma Informed care and attests that the attendee has been present for this entire session.**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN COMPLETED EVALUATIONS TO** [**JAN.GROTHE@IFIOC.COM**](mailto:JAN.GROTHE@IFIOC.COM) **TO RECEIVE CERTIFICATE AND CEs. THANK YOU.**