**EVALUATION**

**Advanced Motivational Interviewing**

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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**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 Resistance Talk, Sustain Talk, and Change Talk.
 |  |  |  |  |  |  |
| 1. Analyze client What/How to identify Focus, or the Why.
 |  |  |  |  |  |  |
| 1. Demonstrate ability to convert questions into a reflective statement.
 |  |  |  |  |  |  |
| 1. Develop a plan using concepts from the Importance-Confidence Ruler.
 |  |  |  |  |  |  |
| 8. The technology was user friendly. |  |  |  |  |  |  |
| 9. The length of time to complete the coursematches 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.
 |  |  |  |  |  |  |
| **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.
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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 CE credits for the Advanced Motivational Interviewing and attests that the attendee has been present for this entire session.**

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

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

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

**RETURN COMPLETED EVALUATIONS TO** **JAN.GROTHE@IFIOC.COM** **TO RECEIVE CERTIFICATE AND CEs. YOUR EVALUATION WILL BE PROCESSED AND YOU WILL RECEIVE YOUR CERTIFICATE WITHIN 5-7 BUSINESS DAYS. THANK YOU.**