

# CE Session Evaluation Form

**Please print your name here:**

*The Council on Social Work Education, provider #1163, is approved by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) Program (https://www.aswb.org/ace). The Council on Social Work Education maintains responsibility for the program. ASWB Approval Period: 1/23/2018 - 1/23/2021. Social workers should contact their regulatory board to determine course approval for continuing education credits. You are required to submit this completed evaluation form to obtain CE credit for this session.*

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| **Track: Higher Education/Nonprofit Leadership (Panel)** |
| **Session # 131** | **Building Support in Social Work Education to Reduce Imposter Syndrome**Lorin Mordecai, University of Connecticut |

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| **Date:** Friday, November 9, 2018 | **Time:** 12:30 PM | **Room:** Oceanic 8, Lobby/Third Floor (Dolphin, Walt Disney World Resort) |

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| **Part 1: Learning ObjectivesPlease evaluate whether objectives were met. After this session, participants will be able to:** |
| **\*\*\*Rating Scale: 1 poor/strongly disagree -- 4 excellent/strongly agree\*\*\*** | **1** | **2** | **3** | **4** | **N/A** |
| Define imposter syndrome among students and faculty in social work education.  |   |   |   |   |   |
| Identify signs of imposter syndrome and effective coping strategies at various stages of social work education.  |   |   |   |   |   |
| Organize and design supportive services to reduce imposter syndrome. |   |   |   |   |   |
| **Part 2: Session Content** |
| **\*\*\*Rating Scale: 1 poor/strongly disagree -- 4 excellent/strongly agree\*\*\*** | **1** | **2** | **3** | **4** | **N/A** |
| 1. The session content was appropriate to my education, experience and/or licensure level. |   |   |   |   |   |
| 2. The session content was relevant to my practice. |   |   |   |   |   |
| 3. The session content was current. |   |   |   |   |   |
| 4. The session content was presented effectively. |   |   |   |   |   |
| 5. Handouts and/or teaching aids (if they were available) enhanced the session content. |   |   |   |   |   |
| **Part 3: Presenters** |
| **\*\*\*Rating Scale: 1 poor/strongly disagree -- 4 excellent/strongly agree\*\*\*** | **1** | **2** | **3** | **4** | **N/A** |
| 1. The presenter/s were knowledgeable about the session content. |   |   |   |   |   |
| 2. The presenter/s' presentation was clear and effective. |   |   |   |   |   |
| 3. The presenter/s were responsive to participants. |   |   |   |   |   |
| 4. The presenter/s used technology effectively (if applicable). |   |   |   |   |   |
| **Part 4: CE Administration** |
| **\*\*\*Rating Scale: 1 poor/strongly disagree -- 4 excellent/strongly agree\*\*\*** | **1** | **2** | **3** | **4** | **N/A** |
| 1. Questions or concerns were addressed effectively and in a timely manner. |   |   |   |   |   |
| 2. The location was suitable to the presentation. |   |   |   |   |   |
| 3. The facilities were conducive to learning. |   |   |   |   |   |
| 4. The instructions for requesting accommodations for a disability were clear. |   |   |   |   |   |

**Signature:**

*Please submit any additional comments on the reverse side of this form.*