

# 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.*

|  |
| --- |
| **Track: Field Education (Interactive Workshop)** |
| **Session # 15** | **Establishing the value of field education: Quantification and implications**Jennifer E. Harrison, Western Michigan UniversityJulie Navarre, Michigan State UniversityStephanie Lyons, Indiana UniversityRachel T. Naasko, School of Social Work |

|  |  |  |
| --- | --- | --- |
| **Date:** Friday, November 9, 2018 | **Time:** 7:30 AM | **Room:** Southern Hemisphere 5/Fifth Level (Dolphin, Walt Disney World Resort) |

|  |
| --- |
| **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** |
| Participants will understand methods for calculating a monetary value of field, and the relative pros and cons to each method.  |   |   |   |   |   |
| Participants will be able to apply a selected value of field calculus to their own school, and share results with their stakeholders.  |   |   |   |   |   |
| Participants will develop and weigh the various policy and macro implications both of monetizing field education, and of declining to monetize field education. |   |   |   |   |   |
| **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.*