

# 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: Values and Ethics (Interactive Workshop)** |
| **Session # 35** | **Negotiating and Navigating Competing Values in Interprofessional Social Work Practice**Brooke Maxey, University of OklahomaShane R. Brady, University of OklahomaSarah Lawhead, University of Oklahoma |

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| **Date:** Friday, November 9, 2018 | **Time:** 7:30 AM | **Room:** Oceanic 7, 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** |
| Upon completion of this session participants will be able to understand the competing values framework as applied to interprofessional practice.  |   |   |   |   |   |
| Upon completion of this session participants will be able to consider different instances when interprofessional practice could put social work students in ethical dilemmas in practicum.  |   |   |   |   |   |
| Upon completion of this session participants will be able to consider new ways for preparing students to better practice across interprofessional contexts. |   |   |   |   |   |
| **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.*