# 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: African Americans and the African Diaspora (Interactive Workshop)** | |
| **Session # 6** | **Black Church Leaders' Views on Mental Illness: Social Determinants of Health Applied**  Jennifer Shepard Payne, Azusa Pacific University |

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| **Date:**  Friday, November 9, 2018 | **Time:**  7:30 AM | **Room:**  Oceanic 6, Lobby/Third Floor (Dolphin, Walt Disney World Resort) |

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| **Part 1: Learning Objectives Please 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** |
| 1. Participants will view the video and recognize the varied beliefs and views of African American and Latino church leaders surrounding mental health and mental illness stigma. |  |  |  |  |  |
| 2. Participants will engage in an exercise and discussion to apply the social determinants of health model as a potential explanation for the varied views and beliefs expressed in the video. |  |  |  |  |  |
| 3. Participants will discuss innovative ways to interact with social work students to increase students' cultural competence and cultural humility as they engage in biopsychosocial assessment and diagnosis with faith-based people of color. |  |  |  |  |  |
| **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.*