

**Workshop Sessions**

4:00 – 5:30 p.m.

**7. Harm Reduction Practice with Mandated Clients**

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 ( low ) through 5 ( high )

	HIGH	Neutral	LOW		
<b>I. Content / Relevancy/ Teaching Methods:</b>					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

**II. Learning Objectives:** Learning Objectives were met:

1. Describe the concepts of the Harm Reduction and the Harm Reduction model	5	4	3	2	1
2. Identify Harm Reduction strategies that can be utilized in outpatient settings	5	4	3	2	1
3. Explain anti-oppressive practice within the Harm Reduction model that is utilized in interaction with the Justice system.	5	4	3	2	1

**III. Faculty:** *Delores Blackwell, LCSW*

a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including risk of medications	5	4	3	2	1

High                  Neutral                  Low

**IV. Overall Rating:**

a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

**V. Logistics/ Technology/ Administration:**

a) Conference facility was adequate and location was suitable for training/ learning	5	4	3	2	1
b) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
c) Course/ training registration went smoothly	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner	5	4	3	2	1
f) Registration went smoothly and the event was well managed	5	4	3	2	1

**VI. Comments About This Training:** \_\_\_\_\_

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