

COURSE TITLE HERE

INSERT TYPE OF INFORMATION HERE Survey

The purpose of this survey is to assess the impact of what you learned at the TITLE OF PROGRAM on implementation of evidence based practices in your setting. Please return this survey by INSERT DATE HERE to INSERT CONTACT NAME AND ADDRESS HERE.

**NOTE THAT YOU WILL NOT BE GRANTED THE ACT 48 HOURS UNTIL THIS FORM AND SUPPORTING MATERIALS ARE RETURNED.**

In the boxes below, consider the following questions for the sessions you attended.

 What specific skills or content knowledge was applied and how?

 What impact did the application have on either (1) GOALS OF PROGRAM or (2) OTHER GOALS OF PROGRAM?

 What were the obstacles to implementation and how did you address those?

Presentation Sessions

a)

b)

c)

d)

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| --- | --- | --- | --- |
| Indicate session attended (refer to list  above) | Evidence-based practice implemented in my setting (please provide a brief summary): | Impact on intended outcomes (please provide a brief description of how you evaluated outcomes (e.g., graphed data, anecdotal stories, brief survey  data, photographs of environmental  changes, family partnership events or materials; please feel free to attach any documents as needed): | Challenges to implementation and strategies to address those: |
| Session 1: |  |  |  |
| Session 2: |  |  |  |