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**Social Work Only**

**SUNY Upstate Medical University Professional Advancement Institute**

**Continuing Education Sign in Sheet**

**Title of Course:**  *Autism Spectrum Disorder (ASD) in Primary Practice*

**Date:** 4/30/25 **Location:** Virtual (REACH ECHO Session)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Print Name \*CLEARLY\*** | **Signature** | **Credentials**  **LMSW/LCSW** | **License Number** | **Email Address** |
| 1 |  |  |  |  |  |
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**SUNY Upstate Medical University**

**Social Work Professional Advancement Institute**

**Title:** *Autism Spectrum Disorder (ASD) in Primary Practice*

**Date:** 4/30/25

**Location:** Virtual (REACH ECHO Session)

**Presenter(s):** William Sullivan, Ph.D., BCBA

***Evaluation***

Please take a moment to rate the following items using the scale provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Strongly Disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly Agree |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ‘  The presenter was well prepared and organized | 1 | 2 | 3 | 4 | 5 |
| The presenter was able to clearly explain concepts | 1 | 2 | 3 | 4 | 5 |
| The presenter was responsive to questions | 1 | 2 | 3 | 4 | 5 |
| The presenter was considerate and professional | 1 | 2 | 3 | 4 | 5 |

**CONTENT OF PROGRAM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ‘  The program description was accurate. | 1 | 2 | 3 | 4 | 5 |
| The program content seemed current. | 1 | 2 | 3 | 4 | 5 |
| Concepts were well organized | 1 | 2 | 3 | 4 | 5 |
| The teaching level was appropriate to the audience | 1 | 2 | 3 | 4 | 5 |
| The slides/video/audio was clear and helpful | 1 | 2 | 3 | 4 | 5 |
| Handouts were current and useful | 1 | 2 | 3 | 4 | 5 |
| I acquired new skills and/or knowledge | 1 | 2 | 3 | 4 | 5 |

**OVERALL RATING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ‘  The program met or exceeded my expectations | 1 | 2 | 3 | 4 | 5 |
| The facility/room was comfortable | 1 | 2 | 3 | 4 | 5 |
| The registration process for the program was clear and easy | 1 | 2 | 3 | 4 | 5 |
| The program was well administered | 1 | 2 | 3 | 4 | 5 |
| The cost of the event was reasonable | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |

**Please leave us any comments so we can better meet your needs in the future:**

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Name of Evaluator (Please PRINT clearly) Date