

Course Evaluation

PA Chapter American Academy of Pediatrics

Please Print Legibly and Complete All Information Below

Name _____ Degree _____
 Social Security Number (last 5 digits only): XXX-X __-__-____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Email _____
 I request PA Keys to Professional Development Credit PA Keys Registry ID number _____
 I request Act 48 Credits Professional Personnel ID Number (PPID) _____

***Please note: Questions can require a written response and rating.**

Course ID: 299

Date of Activity: January 14, 2016

Course Title: Managing Challenging Behaviors

Location: Webinar

	I am an MD/DO:	Yes	No			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Very Low	Low	M o d e r a t e	High	Very High	
1. To what extent were you satisfied with the overall quality of the educational activity?	0	0	0	0	0	
2. To what extent was the content of the program relevant to your work?	0	0	0	0	0	
3. To what extent will you make a change in your work as a result of participation in this activity?	0	0	0	0	0	
4. To what extent did the activity present scientifically rigorous, unbiased and balanced information?	0	0	0	0	0	
5. To what extent were the speakers' presentations free of commercial bias?	0	0	0	0	0	
6. As a result of participation in this activity, I am able to explain factors that lead to challenging behaviors. <i>(How will this improve my competence)</i> _____ _____	0	0	0	0	0	
7. As a result of participation of this activity, I am able to describe resources to use to help families whose children are at risk for suspension or expulsion from child care. <i>(How did this increase my knowledge)</i> _____ _____	0	0	0	0	0	
8. As a result of participation in this activity, I am able to identify strategies to help manage children with challenging behaviors. <i>(How will this improve my work)</i> _____ _____	0	0	0	0	0	
9. As a result of participation in this activity, I am able to identify policies to promote behavior management to share with staff and families.	0	0	0	0	0	
10. Please list any changes in practice that you may make as a result of participation in this activity. _____ _____						