Course Evaluation

In order to help us evaluate this course and improve future courses, we ask you to take a few minutes of your time to complete the following form. Your answers will enable us to better judge the effectiveness of the presentation and materials. Please comment and rate your response according to the scale below.

Course Title: Safeguarding Elders and Dependent Adults against Abuse   **Date:** 20 May 2021

Presenters:

Erik Lande, Ph.D; Hannah Beth Jackson, J.D. Former California Senator; Jeanne M. West, RN, MPH

Rating Scale

      1 = Strongly disagree   2 = Disagree   3 = Neutral   4 = Agree   5 = Strongly Agree

Educational Goals and Learning Objectives   **Rating**

Based on the content of the course, I am able to:

Identify three features that differentiate between normal aging and aging with dementia   _____

Identify two warning signs of loss of financial capacity   _____

Identify two techniques of abuse of Elder & Dependent Adults   _____

Course Content/Learning Experience

      Course content was appropriate to my level of education and experience.   _____

      Course content was relevant to my practice.   _____

      Course content was current and accurate.   _____

      Course, including use of experiential or active learning, was effective.   _____

      Instructional materials were suitable and/or useful.   _____

Instructors

      Instructors were knowledgeable of the subject matter.   _____

      Instructors were responsive to questions, comments, and opinions.   _____

      Instructors used appropriate methods to support learning.   _____

Program Content

List the two most important concepts learned in today's program.

1._____

2. _____

Additional comments:_____

_____

What topics or presenters would you like to see at a future CE presentation?_____

_____

Professional status and years in the field:

Status: Licensed   Intern   Trainee/Student   Other

Years   1-2 years   2-5 years   5-10 years   10+ years

Please list your name and number if you would like to be contacted to discuss additional feedback.

Any grievances will be responded to within 30 business days.

Name of person completing evaluation_____

TYPE of CEU and License Number _____ **E-mail:** _____