

Your Name (optional) _____

Date of Educational Session _____

City & State of Educational Session _____

Educator's Evaluation of Education Session

(To be completed by educator after each presentation of each session of curriculum)

(Use additional space as necessary)

Date you are completing this form: _____

Location of educational session: _____

Time of beginning and end of educational session: Beginning _____ End _____

Total number of participants who attended this session: _____

Type of participants' care setting (e.g. AFC, nursing home, private own home): _____

Type of positions held by participants: _____

Please select (by circling) the session you presented and are now evaluating on this form.

Session 1: The Brain and Cognition

Session 2: Cognitive Abilities

Session 3: The Environment

Session 4: Communication

Session 5: The Task

1. Describe this session and how you used the script: (e.g., presented as a lecture, applied more informally during consultation, advising, etc.)

2. During this session, what questions/issues did participants raise?

3. Overall, how did you feel about this session? What went well? What did not?

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4. What additional comments or thoughts do you have about this session?
5. What aids did you use in this session? Please select (by circling). a) Slides b) Handouts
c) Evaluation materials. d) Other (specify) _____
- How did you use them and how helpful were they?
6. What information or training did you have to prepare to present this session?
What suggestions do you have regarding information or training you would find helpful
while preparing to present this session in the future?
7. What comments or suggestions do you have regarding the curriculum for this session
(script, handouts, slides, evaluation materials, etc)? Please be specific as well as general.
8. What were the reactions of the participants to this session? Note here reactions or comments
you saw and heard, as well as comments recorded on the pre- and post-session forms
completed by the learners (i.e., by the participants who attended this session).

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9. Complete the tables below to record statistics regarding the responses to the questions on the pre- and post-session forms completed by learners at this session (i.e., by the participants who attended this session).

Note at the end of this educator's evaluation, the correct answers to the questions on the pre- and post-forms.

Pre- & Post-Session Forms: Comparison Data

The pre- and post-session forms include a brief set of questions reflecting knowledge. The same questions were given before and after the session so the impact of the session on participants could be explored by comparing answers on the pre- and post-session forms.

The participants are asked to select the best answer to each of 5 knowledge questions (that have 9 answers total) related to assisting someone with cognitive needs. Results may reflect change in participants' knowledge regarding these questions during the session.

Number of Participants who completed the Pre and Post Forms for this session	
<i>Form Completed</i>	<i>Number of participants</i>
Both Pre and Post forms	
Only Pre form	
Only Post form	
Total number of participants completing a form	

Number of Participants with Correct Answers to Knowledge Questions		
<i>Number of correct answers</i>	<i>Number of participants on Pre form</i>	<i>Number of participants on Post form</i>
9 correct		
8 correct		
7 correct		
6 correct		
5 correct		
4 correct		
3 correct		
2 correct		
1 correct		
0 correct		
Total number of participants answering		

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Number of Participants with Different Answers to Knowledge Questions on Post Form Compared to Pre Form	
<i>Difference in number of correct answers on Post form</i>	<i>Number of participants on Post form</i>
9 more correct than on pre form	
8 more correct than on pre form	
7 more correct than on pre form	
6 more correct than on pre form	
5 more correct than on pre form	
4 more correct than on pre form	
3 more correct than on pre form	
2 more correct than on pre form	
1 more correct than on pre-form	
Same answers on both pre and post forms	
1 fewer correct than on pre form	
2 fewer correct than on pre form	
3 fewer correct than on pre form	
4 fewer correct than on pre form	
5 fewer correct than on pre form	
6 fewer correct than on pre form	
7 fewer correct than on pre form	
8 fewer correct than on pre form	
9 fewer correct than on pre form	
Total number of participants answering	

CORRECT ANSWERS TO PRE- AND POST-SESSION FORMS FOR Session 3 of the Cognitive Abilities and Intervention Strategies Educational Series

Following are the correct answers to the knowledge questions on the pre- and post-session forms that accompany Session 3 of the Cognitive Abilities and Intervention Strategies Educational Series.

Instructions were to select (by circling) the letter of the best answer.

Session 3: The Environment

1. **b** Paint or wallpaper the door to match the walls.
2. **c** Put a picture of a toilet on the bathroom door.
3. **b** Put the shower curtain in front of the tub and colorful towels on the racks.
4. **a** Do the walls and ceilings absorb sound?
b Is the room warm?
5. **c** -- Clutter (Is medical equipment out of sight?)
d -- Cueing (Does the environment tell what the person needs to know?)
a -- Contrast (Does a dangerous object look similar to the area around it?)
b -- Normal (The task is in an area where it is usually done)