**Course Evaluation**

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| --- | --- | --- | --- | --- | --- |
| **Course Title:** Decrease Barriers for Students with Autism Spectrum Disorder | | | | | **Course Date:** Oct 7, 2016 |
| ***Please identify license(s) held:*** | | | | | |
| Psychologist | MD | RN | Other | | | |
| Postdoc or Intern | MFT/LCSW/LEP/LPCC | | |  | | |

***Please assist us with determining the effectiveness of this program by completing the following evaluation.***

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| --- | --- | --- | --- |
| **A**. **This program met the stated Learning Objectives** | | **Strongly**  **Disagree** | **Strongly**  **Agree** |
|  | | **1 2 3 4 5** | |
| Objective 1 | List common challenges faced by students with ASD in college campus |  | |
| Objective 2 | Identify communication and social barriers for students with ASD in the college setting |  | |
| Objective 3 | Describe practice strategies and challenges in developing ASD-centered workshops or support groups on campus |  | |
| **B. Instructors were qualified to present this material.** | | **1 2 3 4 5** | |
| Instructor 1 Diana Chou, PsyD | |  | |
| Instructor 2 Heather Ponce, MS | |  | |
| **C**. **Course content was:** | | **1 2 3 4 5** | |
| 1. Appropriate for intended audience | |  | |
| 2. Consistent with stated objectives | |  | |
| **D. Overall, you were satisfied with:** | | **1 2 3 4 5** | |
| 1. Your educational experience. | |  | |
| 2. The method of instructional delivery. | |  | |
| 3. The physical environment of the experience. | |  | |
| 4. Accessibility of the facilities. | |  | |
| 5. I learned something useful from this program | |  | |
| ***Comments*** | | | |
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