**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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