**CPA Office of Professional Development**

**Individual Course Report**

Provider Name: CA Comm College Mental Health & Wellness Assoc. Provider Code: CAL 133

Course Title:

Course End Date:       # Credits:       Distance/Independent Learning:  **Y**  **N**

# Total Attendees:       % Licensed Psychologists:

Instructors:

*(please include full name and degree)*

**Summary of Evaluations:**

|  |  |
| --- | --- |
| **A**. This program met the stated Learning Objectives | **Mean Score** |
| Objective 1 | 1. |
| Objective 2 | 2. |
| Objective 3 | 3. |
| Objective 4 | 4. |
| **B.** Instructors were qualified to present this material. | **Mean Score** |
| Instructor 1 | 1. |
| Instructor 2 | 2. |
| Instructor 3 | 3. |
| **C**. Course content was: | **Mean Score** |
| 1. Appropriate for intended audience | 1. |
| 2. Consistent with stated objectives | 2. |
| **D.** The attendees, overall, were satisfied with: | **Mean Score** |
| 1. Their educational experience. | 1. |
| 2. The method of instructional delivery. | 2. |
| 3. The physical environment of the experience. | 3. |
| 4. Accessibility of the facilities. | 4. |
| 5. I learned something useful from this program | 5. |

**Attachments:**

Blank Course Evaluation Form  Copy of Registration Form (advertising)

Announcement on MHWA website

Learning Assessment & Attendance Verification method (DL/IL only)