

CONFERENCE EVALUATION

WELLNESS: BUILDING CAPACITY FOR TOMORROW'S OLDER ADULTS

September 24, 2015

7:30 a.m. – 6:00 p.m.

Oklahoma State University Tulsa

Tulsa, OK

DIRECTIONS: Please complete. Your evaluation will help us improve our program & serve you better. Thank you!

SELECT CEU: Nursing OT PT MSW NAB LADC/CADC LPC LMFT PSY (OPA) CFLE

Your Name:

Please indicate how well speakers met the following objectives:	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
Conference Objective 1: Identify the capacity of the health care delivery system to respond to the aging tsunami and responsibilities of informal caregivers (e.g., capacity issues, vision impairments, caring for persons with special needs, workforce issues, new initiatives, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Objective 2: • Describe the impending health status of the diverse aging population and the responsibilities of informal caregivers (e.g., demographics of aging, physical health, cognitive maintenance, special concerns of individuals with intellectual and developmental disabilities who are aging, psychiatric disorder and other mental health issues, clinical and non-clinical care issues).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Objective 3: Describe cutting-edge models of clinical and community health care for older adults (e.g., health literacy, alternatives approaches to mental health delivery, peer support, etc.); and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Objective 4: Report on services and innovations for physical and mental health screenings, referrals, and case management (e.g., clinical practice, health care options, and results oriented).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select your response.	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
The conference facilities were comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program content met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate your answers on presentation delivered:	1 Poor	2 Satisfactory	3 Good	4 Excellent
Materials were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers were prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers were knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers were organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers' presentation styles were appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers provided an opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers provided content in a unbiased manner.				

Gender Male Female

Retired Yes No

Retired Yes No

Ethnicity American Indian or Alaska Native
 Asian American
 Black or African American
 Other, specify: _____

Native Hawaiian/ Other Pacific Islander
 White
 Latino

Are you Hispanic/Latino? Yes No

Your most advanced degree

Elementary/ secondary school (GED)
 Associate's Degree
 Diploma (e.g., RN)
 Bachelor's Degree (e.g., BA, BSW)
 Other, specify: _____

Master's Degree (e.g., MSW, MS)
 Doctorate (e.g., PhD, EdD, DNP)
 MD
 DO

Please explain how conference content may be used to alter your professional practice.

Please indicate your answers to the following statements:	1 Not Very Likely	2 Probably Not	3 Very Probable	4 Definitely
Presentation content will be used to alter my professional practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation information will be applied to my professional practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments:

CONFERENCE EVALUATION

WELLNESS: BUILDING CAPACITY FOR TOMORROW'S OLDER ADULTS

September 25, 2015

7:30 a.m. – 5:00 p.m.

Oklahoma State University Tulsa

Tulsa, OK

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SELECT CEU: Nursing OT PT MSW NAB LADC/CADC LPC LMFT PSY (OPA) CFLE

Your Name:

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General Comments: