FROM SENSORY PROCESSING TO EXECUTIVE FUNCTIONING
(3 CE HOURS)

COURSE EVALUATION

Learner Name: ____________________________________________ Completion Date: _____________________________

☐ PT  ☐ PTA  ☐ OT  ☐ OTA  ☐ SLP  ☐ SLPA  Other: _______________________________________

Disagree  2  3  4  5
Agree

Orientation was thorough and clear
Instructional personnel disclosures were readily available and clearly stated
Learning objectives were clearly stated
Completion requirements were clearly stated
Content was well-organized
Content was informative
Content reflected stated learning objectives
Exam assessed stated learning objectives
Exam was graded promptly
Satisfied with learning experience
Satisfied with customer service (if applicable)

What suggestions do you have to improve this program, if any?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

What educational needs do you currently have?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

What other courses or topics are of interest to you?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________