Please email completed form to development@forahealth.org

National Association of Social Workers

OREGON CHAPTER

FULL NAME:

CONFERENCE EVALUATION FORM

CONFERENCE TITLE: The Unexpected Gift of Trauma and The Path to Post Traumatic Growth

CONFERENCE SPONSOR: Fora Health

CONFEREENCE NUMBER 19-25-191 CONERENCE DATE: 9/18/2025

Conference attendees requesting NASW Continuing Education Credit should complete the following questions regarding the conference. This form is to be completed following the conference and submitted to the conference sponsor (or their designee). **Completed evaluation forms are required for CE credit.**

	Poor			Average				Superior
Quality of instruction:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐
Knowledge and expertise of instructor:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐
Usefulness of program content:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐
Presentation was clearly organized:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐
Presentation met the goals/objectives of the conference:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐
Conference contributed new, pertinent data to my understanding of the topic:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐
Facilities (size, temp. sound level etc.) were adequate for the conference:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐
Presenter was responsive to audience participation/questions:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐
Overall, this conference was:	1 ☐	2 ☐		3 ☐	4 ☐			5 ☐

What level of social work practice did this conference address? ☐ all levels

☐ entry level (0-2 years) ☐ intermediate level (2-10 years) ☐ advanced level (over 10 years)

What other topics and/or speakers would you like to see NASW Oregon Chapter sponsor?

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