



2022 MISSISSIPPI TRAUMA INFORMED CARE CONFERENCE - SEPTEMBER 21 – SEPTEMBER 23, 2022

CONTINUING EDUCATION EVALUATION

Please circle the discipline(s) for which you would like to receive continuing education credit: DMH CMHT DMH IDD Therapist DMH CPSS
DMH Addictions Therapist DMH LA DMH CSS CRC LMFT SW BLEOST Teacher/Edu MAAP Attendance Certificate

Print Participant's Name: _____

Session: C5 Date: 9/21/2022 Time: 2:30pm – 3:30pm

Presenter(s): Kyra Rhoads, BS/Brittney Melton, MS

Objectives:

- Objective 1: Participants will be able to identify the increased risks that students who have previously experienced trauma are facing during the COVID-19 Era.
- Objective 2: Participants will be able to identify what these students and their families specifically need to feel safe and supported.
- Objective 3: Participants will be able to identify strategies and practices that teachers, caregivers, and schools can use to meet those needs.

Please circle one response per question below.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I was able to achieve the educational objectives for this activity: Objective 1	5	4	3	2	1
I was able to achieve the educational objectives for this activity: Objective 2	5	4	3	2	1
I was able to achieve the educational objectives for this activity: Objective 3	5	4	3	2	1
The educational objectives were related to the overall purpose.	5	4	3	2	1
The presenter demonstrated expertise in the subject matter.	5	4	3	2	1
The instructional process (teaching strategy) was effective.	5	4	3	2	1
The session was relevant to professional counselors/educators.	5	4	3	2	1
The virtual platform was easily accessible and appropriate.	5	4	3	2	1

Additional Presentation Questions:

1. Did you detect commercial bias in this presentation? **No** **Yes**
 - a. If yes, please explain what made you feel bias. By whom? _____
 - b. Was there discussion of an unlabeled or the investigational use of a product, device, or drug that has not been approved by the FDA for the use being presented? **No** **Yes** If yes, please explain.

2. How much did you learn as a result of this continuing education opportunity? **(1 being very little - 5 being a great deal)**
1 **2** **3** **4** **5** Additional comments regarding session: _____

Signature of Participant

Email Address (required)

I attest I attended the online, streaming Zoom teleconference identified on this evaluation in its entirety. By my name and signature, either handwritten/electronic, I declare this statement to be true and accurate to the best of my knowledge. This form should be returned via email to mstraumconference@gmail.com or mail to DMH, Attn: Jackie Chatmon 239 North Lamar, #1101 Jackson, MS 39201 by October 7th. Please direct any comments/concerns regarding this training session to Jackie Chatmon at 601-359.6216