



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 LMFT SW BLEOST Teacher/Edu MAAP Attendance Certificate

Print Participant's Name: \_\_\_\_\_

Session: B5                      Date: 9/21/2022                      Time: 1:00pm – 2:00pm

Presenter(s): Shalonda Carlisle, LCSW / Ruth Drake, LCSW

**Objectives:**

- Objective 1: Participants will be able to define Caregiver Burden.
- Objective 2: Participants will be able to identify signs and symptoms of Caregiver Burden.
- Objective 3: Participants will be able to identify interventions, services, and strategies to deal with Caregiver Burden.

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: <b>Objective 1</b>	5	4	3	2	1
I was able to achieve the educational objectives for this activity: <b>Objective 2</b>	5	4	3	2	1
I was able to achieve the educational objectives for this activity: <b>Objective 3</b>	5	4	3	2	1
The educational objectives were related to the overall purpose.	5	4	3	2	1
The presenter(s) demonstrated expertise in the subject matter ( <b>Shalonda Carlisle, LCSW</b> ).	5	4	3	2	1
The presenter(s) demonstrated expertise in the subject matter ( <b>Ruth Drake, LCSW</b> ).	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](mailto:mstraumconference@gmail.com) or mailed to DMH, Attn: Jackie Chatmon 239 North Lamar, #1101 Jackson, MS 39201 by October 7<sup>th</sup>. Please direct any comments/concerns regarding this training session to Jackie Chatmon at 601-359-6216.*