



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 NHA Attendance Certificate

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

Session: B2                      Date: 9/21/2022                      Time: 1:00pm – 2:00pm

Presenter(s): Zowee Shanks, Ph.D., MS

**Objectives:**

- Objective 1: Participants will be able to discuss presenter's story and how she became victorious after her traumatic experiences.
- Objective 2: Participants will be able to discuss the relationship between trauma and mental health.
- Objective 3: Participants will be able to identify two tools to utilize to provide hope to individuals they provide services to in their agencies.

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 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](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.*