



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 NCC BLEOST Teacher/Edu MAAP Attendance Certificate

Print Participant’s Name: _____

Session: C3 Date: 9/21/2022 Time: 2:30pm – 3:30pm

Presenter(s): Shelia Thomas, LMSW / Shalonda Carlisle, LCSW / Jimmie B. Keaton, MA

Objectives:

- Objective 1: Participants will learn different types of traumas that were produced by the COVID pandemic.
- Objective 2: Participants will be exposed to and learn various interventions and strategies to process through trauma with families and practitioners.
- Objective 3: Participants will learn about well-being for families and practitioners as we find a new normal.

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(s) demonstrated expertise in the subject matter (Shelia Thomas, LMSW).	5	4	3	2	1
The presenter(s) demonstrated expertise in the subject matter (Shalonda Carlisle, LCSW).	5	4	3	2	1
The presenter(s) demonstrated expertise in the subject matter (Jimmie B. Keaton, MA).	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 mailed 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.