

## Evidence Based Practices for Adolescents and Transitional Aged Youth Iowa Motivational Enhancement Therapy & Cognitive Behavioral Therapy

**Presenter:**

**Please rate the following:**

<b>Training Session</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Outstanding</b>
Presenter was prepared and organized	1	2	3	4	5
Training objectives were met	1	2	3	4	5
Presentations and materials were useful	1	2	3	4	5
Knowledge/Skills were gained	1	2	3	4	5
Overall quality of event	1	2	3	4	5
<b>Facilities and Services</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Outstanding</b>
Quality of training venue	1	2	3	4	5
Quality of food/beverage (if applicable)	1	2	3	4	5
Efficiency of training communication, registration and assistance	1	2	3	4	5

**Comments:**

**Recommendations for future training topics and/or presenters?**

*Please leave your completed evaluation at the registration table at the conclusion of the training.*

*\*This evaluation could be submitted to the Board of Nursing at any time.*