**SCHEMA THERAPY ONLINE TRAINING PARTICIPANT**

**TECHNOLOGICAL EVALUATION FORM**

Training Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workshop name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workshop Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer(s) name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer YES or NO to the following to questions:

|  |  |  |
| --- | --- | --- |
|  |  | **Yes/No** |
| 1 | I was informed that if I joined any training session 10 minutes late or left any training session 10 minutes early I would not be able to count the time of that training session towards my Certification time or Continuing Education Credits. |  |
| 2 | I was informed that I must give the training my undivided attention and may not perform other computer or work-related tasks or send or receive messages or surf the internet during the training sessions. |  |
| 3 | I was informed that I must ensure that I have a suitable device and a reliable and adequate internet connection for participation in the training. |  |

Evaluate the quality of the various aspects of the delivery and reception of the training as you experienced it by answering the following questions with a numerical value:

**1 – Poor 2 – Fair 3 – Good 4 – Excellent**

You may also write in “N/A” if the question is not relevant to your training.

|  |  |  |
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| 1 | Video Quality: Visual clarity of the trainer and other participants |  |
| 2 | Audio Quality: Audio clarity of the trainer and other participants |  |
| 3 | Clarity of PowerPoints |  |
| 4 | Video Presentation: DVD presentations had audio and video clarity |  |
| 5 | Interactive Experiences (role-plays and other dyadic work) were effectively executed |  |