



What if There's a TBI? Webinar Evaluation

Fill out the form to receive your CE certificate.

Name *

First Name

Last Name

Provider Type

License Number

Organization

Mailing Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Phone Number

Area Code

E-mail Address *

example@example.com

Instructor Feedback

Strongly Agree Agree Neutral Disagree Strongly Disagree

- 1. I can describe the incidence & prevalence of TBI.
- 2. I can describe ways that TBI can create challenges and barriers to treatment success.
- 3. I can define the purpose of the OSU TBI-ID.
- 4. I understand the importance of screening for a lifetime history of TBI in my clients.
- 5. I understand the importance of learning and using simple accommodations to promote treatment success.
- 6. The content of this webinar was appropriate for my level of training.
- 7. The information is applicable to my profession.
- 8. The presenter(s) were knowledgeable about the subject matter.
- 9. I learned a great deal from this webinar.
- 10. I would recommend this webinar to others.
- 11. I will be able to apply this information clinically.
- 12. The learning objectives were met.
- 13. This course was conducive to learning (font size, length of material, etc.).
- 14. Overall, this presentation met my needs.

15. How much did you learn as a result of this CE program? *

1 2 3 4 5

Very Little

Great Deal

16. How useful was the content of this CE program for your practice or other professional development? *

1 2 3 4 5

Not Useful

Extremely Useful

Additional Comments:

Attention ADRS Employees:

When you have completed this form, email a copy to Donna Cleveland at **donna.cleveland@rehab.alabama.gov**.