

**PARTICIPANT EVALUATION FORM**  
**Practical Considerations:**  
**Cognitive Disorders Post-Stroke**



DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ (optional)

LOCATION: \_\_\_\_\_ NAME OF FACILITATOR: \_\_\_\_\_

TYPE of session:  Web-based self-study     Telehealth presentation     Presentation/ Lecture     Workshop

Other: Please describe: \_\_\_\_\_

1. Please indicate your discipline.

Educator    Admin    MD    Pharm    NSG    OT    PT    OTA/PTA    SW    RD

CDA    SLP    Rec. Ther    OTHER: Please describe: \_\_\_\_\_

2. Please indicate your work location.

<input type="checkbox"/> Pre-Hospital	<input type="checkbox"/> Emergency	<input type="checkbox"/> Acute Care	<input type="checkbox"/> Rehab: Inpt.   Outpt.	<input type="checkbox"/> Outpatient Care
<input type="checkbox"/> Physician Clinic	<input type="checkbox"/> Public Health	<input type="checkbox"/> Community	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Other: _____

3. Please rate your level of knowledge/skill/experience **BEFORE** today's session and **AFTER** today's session with respect to the learning objectives.

NONE or MINIMAL Knowledge/Skill/Experience			SOME Knowledge/Skill/Experience			EXTENSIVE Knowledge/Skill/Experience		
1	2	3	4	5	6	7	8	9

(Please enter a number in the boxes below)

How would you rate your ability to:	BEFORE the Session	AFTER the Session
1. List nine types of cognitive impairment post-stroke.		
2. State the impact of each cognitive impairment on daily function.		
3. Name four tools used to assess cognition.		
4. Identify two key differences in the presentation of delirium and cognitive impairment.		

4. List three things that you learned today that you might implement in your practice.

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

5. What did you find **most helpful** about today's session and why?

\_\_\_\_\_  
\_\_\_\_\_

6. What did you find **least helpful** about today's session and why?

\_\_\_\_\_  
\_\_\_\_\_

7. How might this session be improved?

\_\_\_\_\_  
\_\_\_\_\_

8. Do you have any topics/learning areas to suggest for future session?

\_\_\_\_\_

9. Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In 3 months time, participants will be randomly selected to comment on changes to practice that may have resulted from this education session. If you would prefer to be contacted by email, please indicate your email address:**

\_\_\_\_\_

**THANK YOU FOR YOUR FEEDBACK**