



PARTICIPANT EVALUATION FORM
The Shoulder: Positioning and Handling
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
Describe at least 3 strategies to enhance a stroke survivor's body awareness.		
Identify at least 3 factors that may lead to impingement resulting in shoulder pain.		
Identify 9 strategies to prevent shoulder pain.		



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:

Please return the completed questionnaire in the attached, addressed envelope or email to:

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THANK YOU FOR YOUR FEEDBACK