Alberta Health Services

APSS ALBERTA PROVINCIAL STROKE STRATEGY

PARTICIPANT EVALUATION FORM
Practical Considerations
Visual-Perceptual Disorders

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.

☐ Pre-Hospital	☐ Emergency	☐ Acute Care	☐ Rehab: Inpt.__ Outpt.__	☐ Outpatient Care
☐ Physician Clinic	☐ Public Health	☐ Community	☐ Long-Term Care	☐ 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. Name 6 different visual-perceptual disorders.		
2. State how each disorder impacts function.		
3. List 3 strategies helpful to a stroke survivor with unilateral spatial neglect.		
4. Describe one helpful strategy for 3 other perceptual disorders.		

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:

THANK YOU FOR YOUR FEEDBACK