

**OREGON CHAPTER**  
National Association of Social Workers

**CONFERENCE EVALUATION FORM**

CONFERENCE TITLE: Applied Suicide Intervention Skills Training (ASIST)

CONFERENCE SPONSOR: Oregon Public Health Division CONFERENCE DATE: \_\_\_\_\_

Conference attendees requesting NASW Continuing Education Credit should complete the following questions regarding the conference. This form is to be completed following the conference and submitted to the conference sponsor (or their designee). **Completed evaluation forms are required for CE credit.**

	Poor		Average		Superior
Quality of instruction:	1	2	3	4	5
Knowledge and expertise of instructor:	1	2	3	4	5
Usefulness of program content:	1	2	3	4	5
Presentation was clearly organized:	1	2	3	4	5
Presentation met the goals/objectives of the conference:	1	2	3	4	5
Conference contributed new, pertinent data to my understanding of the topic:	1	2	3	4	5
Facilities (size, temp. sound level etc.) were adequate for the conference:	1	2	3	4	5
Presenter was responsive to audience participation/questions:	1	2	3	4	5
Overall, this conference was:	1	2	3	4	5

What level of social work practice did this conference address? \_\_\_\_\_ all levels  
 \_\_\_ entry level (0-2 years) \_\_\_ intermediate level (2-10 years) \_\_\_ advanced level (over 10 years)

**What other topics and/or speakers would you like to see NASW Oregon Chapter sponsor?**

Return Completed Form to: Donna G Noonan, Oregon Public Health Division, 800 NE Oregon, Ste 730, Portland, OR 97232 ([donna.noonan@state.or.us](mailto:donna.noonan@state.or.us))