

# Course Evaluation

**Title of Course:**            *Mental Health Patients' Rights*

**Location:**

**Date:**

**Course Presenter(s):**

***Please circle your current title / status:***

MD   RN   LPT/LVN   PsyD/PhD   LCSW/SW   MFT/MA   MHW/CNA   OT/RT   Student/Other

	Excellent	Above Average	Average	Poor	Not Applicable
1. How useful was the program content in meeting the following education objectives:					
a. Identify the Patients' Rights booklet & poster?	4	3	2	1	N/A
b. Explain how to contact the OC, Patient's Rights Advocacy Services office?	4	3	2	1	N/A
c. List WIC S5325/.1 statutory rights of mental health patients in health care settings?	4	3	2	1	N/A
d. Cite five "Good Cause" criteria constituting the Denial of a Right(s)?	4	3	2	1	N/A
e. Describe eight interventions to reduce the use restraints.	4	3	2	1	N/A
2. How well did the presenter(s):					
a. Demonstrate and communicate knowledge of the subject?	4	3	2	1	N/A
b. Present the goals and objectives of the course clearly?	4	3	2	1	N/A
c. Arouse interest & transmit enthusiasm?	4	3	2	1	N/A
d. Appear to be organized and prepared for the course?	4	3	2	1	N/A
e. Answer questions adequately and encourage participation in discussions?	4	3	2	1	N/A
3. Generally, how helpful will this course be to you in regard to your job?	4	3	2	1	N/A
4. How would you rate the overall quality of this course?	4	3	2	1	N/A

5. How would you describe your interest and commitment to this course?  
 Very High \_\_\_\_\_ High \_\_\_\_\_ Moderate \_\_\_\_\_ Low \_\_\_\_\_ Very Low \_\_\_\_\_

6. What specific program content was most helpful to you?

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7. HOW CAN WE IMPROVE THIS COURSE?

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