

PROGRAM EVALUATION

ACTIVITY TITLE: SUPPORTING VETERANS IN THE WORKPLACE: A COURSE FOR
EMPLOYEE ASSISTANCE PROGRAM PROVIDERS

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PROGRAM EVALUATION

SUBMISSION INSTRUCTIONS

1. Complete this registration and evaluation form within 30 days of completing the activity.
2. Please save and email a copy of your completed evaluation to EESEPC@va.gov
3. Your certificate will be sent via email to the email address provided below.
4. For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are available: EPC by email at EESEPC@va.gov, or the EES Customer Service by phone at **1.877.EES.1331 Opt.5**

OCCUPATIONAL CATEGORY

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Associated/Allied Health | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Registered Dietitian |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other Clinical |
| <input type="checkbox"/> Pharmacy Tech | <input type="checkbox"/> Other |

EMPLOYER CATEGORY

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> VHA | <input type="checkbox"/> DOD |
| <input type="checkbox"/> VBA | <input type="checkbox"/> IHS |
| <input type="checkbox"/> NCA | <input type="checkbox"/> OTHER FEDERAL |
| <input type="checkbox"/> VA OTHER | <input type="checkbox"/> NON FEDERAL |

Date Completed

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ACCREDITATION/CERTIFICATE REQUESTED:

Activity must be approved for the certificate type in order for such a certificate to be issued.

- | | | | |
|---|--|---------------------------------|---------------------------------|
| <input type="checkbox"/> General/Non-Accredited | <input type="checkbox"/> ACPE | <input type="checkbox"/> APA | <input type="checkbox"/> CA BRN |
| <input type="checkbox"/> ACCME | <input type="checkbox"/> ACPE-Technician | <input type="checkbox"/> ASHA | <input type="checkbox"/> CDR |
| <input type="checkbox"/> ACCME - Non Physician | <input type="checkbox"/> ADA | <input type="checkbox"/> ASWB | <input type="checkbox"/> NBCC |
| <input type="checkbox"/> ACHE | <input type="checkbox"/> ANCC | <input type="checkbox"/> CA BBS | |

EMAIL ADDRESS: Enter Complete Email Address

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LAST NAME:

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FIRST NAME:

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I assert that I attended 100% of this program:

e-Signature:

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Type your full name in the block above

PRIVACY ACT STATEMENT

AUTHORITY: Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107).

PRINCIPAL PURPOSE(S): To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities.

ROUTINE USES: The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.

MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION: Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.

PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
Overall, I was satisfied with this learning activity.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
The learning activities and/or materials were effective in helping me learn the content.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
I learned new knowledge and skills from this learning activity.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
The scope of the learning activity was appropriate to my professional needs.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
The content of the learning activity was current.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
Was the content presented in a manner that was fair and balanced? If no, please explain:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA					
If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
I will be able to apply the knowledge and skills learned to improve my job performance.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
The appropriate technology was utilized to facilitate my learning.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
The training environment (face to face, video conference, web based training) was effective for my learning.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
I found that the technology in this learning activity was easy to use.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
Overall, I was satisfied with the use of technology in this learning activity.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
The technology in this learning activity was responsive and provided access to further support.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> NA
What about this learning activity was most useful to you?						
What about this learning activity was least useful to you?						

Thank you for your helpful feedback.

Please rate each of the following program objectives.

After attending this learning activity, I have the ability to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Distinguish differences in hierarchy and management style when transitioning from military to civilian workplaces;	○	○	○	○	○
Describe how military resilience training can impact the transition to civilian life and the workplace;	○	○	○	○	○
Identify ways to help Veterans communicate with peers, supervisors, or employers in order to address challenges.	○	○	○	○	○
Recognize how myths and stereotypes about Veterans can impact the work environment.	○	○	○	○	○