

Your Name (optional) _____

Date of Educational Session _____

City & State of Educational Session _____

Educator's Evaluation of Education Session 2: Cognitive Abilities

(To be completed by educator after each presentation of each session of curriculum)

(Use additional space as necessary)

Date you are completing this form: _____

Location of educational session: _____

Time of beginning and end of educational session: **Beginning** _____ **End** _____

Total number of participants who attended this session: _____

Type of participants' **care setting** (e.g. AFC, nursing home, private own home): _____

Type of **positions** held by participants: _____

You are evaluating your experience with presenting **Session 2: Cognitive Abilities**

Please **select** (by circling) the sessions **most** of these participants had **already heard** you present before attending this session.

Session 1: The Brain and Cognition

Session 2: Cognitive Abilities

Session 3: The Environment

Session 4: Communication

Session 5: The Task

1. **Describe** this session and how you used the script: (e.g., presented as a lecture, applied more informally during consultation, advising, etc.)

2. During this session, what **questions/issues** did participants raise?

3. Overall, **how did you feel** about this session? **What went well? What did not?**

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4. What **additional comments** or thoughts do you have about this session?

5. What **aids** did you use in this session? Please select (by circling). a) **Slides** b) **Handouts**
c) **Evaluation materials** d) **Other** (specify) _____

How did you use them and how helpful were they?

6. What **information** or **training** did you have **to prepare** to present this session?
What **suggestions** do you have regarding information or training you would find helpful
while preparing to present this session in the future?

7. What **comments** or **suggestions** do you have regarding the **curriculum** for this session
(script, handouts, slides, evaluation materials, etc)? Please **be specific** as well as **general**.

8. What were the **reactions of the participants** to this session? Note here reactions or
comments **you saw** and **heard**, as well as comments **recorded** on the **pre- and post-session**
forms completed by the learners (i.e., by the participants who attended this session).

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9. **Complete the tables below** to record statistics regarding the responses to the questions on the pre- and post-session forms completed by learners at this session (i.e., by the participants who attended this session).

Note at the end of this educator's evaluation, the **correct answers** to the questions on the pre- and post-forms.

Pre- & Post-Session Forms: Comparison Data

The pre- and post-session forms include a brief set of questions reflecting knowledge. The same questions were given before and after the session so the impact of the session on participants could be explored by comparing answers on the pre- and post-session forms.

The participants are asked to select the best answer to each of 5 knowledge questions (that have 10 answers total) related to assisting a person with cognitive needs. Results may reflect change in participants' knowledge regarding these questions during the session.

Number of Participants who completed the Pre and Post Forms for this session	
<i>Form Completed</i>	<i>Number of participants</i>
Both Pre and Post forms	
Only Pre form	
Only Post form	
Total number of participants completing a form	

Number of Participants with Correct Answers to Knowledge Questions		
<i>Number of correct answers</i>	<i>Number of participants on Pre form</i>	<i>Number of participants on Post form</i>
10 correct		
9 correct		
8 correct		
7 correct		
6 correct		
5 correct		
4 correct		
3 correct		
2 correct		
1 correct		
0 correct		
Total number of participants answering		

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Number of Participants with Different Answers to Knowledge Questions on Post Form Compared to Pre Form	
<i>Difference in number of correct answers on Post form</i>	<i>Number of participants on Post form</i>
10 more correct than on pre form	
9 more correct than on pre form	
8 more correct than on pre form	
7 more correct than on pre form	
6 more correct than on pre form	
5 more correct than on pre form	
4 more correct than on pre form	
3 more correct than on pre form	
2 more correct than on pre form	
1 more correct than on pre-form	
Same answers on both pre and post forms	
1 fewer correct than on pre form	
2 fewer correct than on pre form	
3 fewer correct than on pre form	
4 fewer correct than on pre form	
5 fewer correct than on pre form	
6 fewer correct than on pre form	
7 fewer correct than on pre form	
8 fewer correct than on pre form	
9 fewer correct than on pre form	
10 fewer correct than on pre form	
Total number of participants answering	

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CORRECT ANSWERS TO PRE- AND POST-SESSION FORMS FOR Session 2 of the Cognitive Abilities and Intervention Strategies Educational Series

Following are the correct answers to the knowledge questions on the pre- and post-session forms that accompany Session 2 of the Cognitive Abilities and Intervention Strategies Educational Series.

Instructions were to select (by circling) the letter of the best answer.

Session 2: Cognitive Abilities

1. **b** The water feels like pin pricks on their skin.
2. **b** When they see someone reach out toward them, they don't understand that it is a helpful gesture.
3. **b** Even though they hear the invitation, they don't understand what the words mean.
4. **a** How well do they see and hear me?
d How well do they understand what they see and hear?
5. **b** – Comprehension/Perception (This person reads without understanding)
a – Sensory (This person can't see the edge of white tub well)
e – Motor (This person's arthritis makes it difficult to grip utensils)
d – Expressive (This person can sing, but not talk easily)
c – Executive (This person has difficulty shifting and knowing how much time has passed)