

The day you were **Born** e.g., 06 or 17): \_\_\_\_\_

First 3 letters of your **Mother's First Name** \_\_\_\_\_

Your City & State of residence: \_\_\_\_\_

City & State of this Educational Session \_\_\_\_\_

Today's date \_\_\_\_\_

### **Post-Session Form**

#### Session 3: The Environment

*Please select (by circling) the letter of the BEST answer for helping a person with cognitive needs.*

1. This person often wanders throughout their residence, turning doorknobs on doors they encounter. They are not safe when they leave the building alone.  
What is the best way to change the environment to keep them from leaving the building?
  - a. Use bright lights opposite the exit door to divert their attention.
  - b. Paint or wallpaper the door to match the walls.
  - c. Cluster a seating group in front of the doorway.
  
2. This person sometimes shouts "Where's the toilet?" when they need to urinate. Their spouse is trying to make it easier for them to find the bathroom. What is the best recommendation you can give to their spouse?
  - a. Be sure the door to the bathroom is brightly colored.
  - b. When they shout, flush the toilet so the sound directs them to the bathroom.
  - c. Put a picture of a toilet on the bathroom door.
  
3. This person is unsure and hesitant when they go into the bathroom to use the toilet. What is the best way to change the environment to help them?
  - a. Paint the walls a cheerful color and add a fuzzy rug.
  - b. Put the shower curtain in front of the tub and colorful towels on the racks.
  - c. Dim the lights so the room is not so bright.
  
4. Which two of the following environmental questions would most help a person take a shower?
  - a. Do the walls and ceilings absorb sound?
  - b. Is the room warm?
  - c. Are all cleaning supplies removed from under the sink?

*Next page please*

The day you were **Born** e.g., 06 or 17): \_\_\_\_\_

First 3 letters of your **Mother's First Name** \_\_\_\_\_

Your City & State of residence: \_\_\_\_\_

City & State of this Educational Session \_\_\_\_\_

Today's date \_\_\_\_\_

5. Match each concept about the environment with the corresponding question by writing the letter of each concept next to the question it matches:

- a. Contrast
- b. Normal
- c. Clutter
- a. Cueing

\_\_\_ Is all medical equipment out of sight?

\_\_\_ Does the environment tell this person what they need to know?

\_\_\_ Does each dangerous object look similar to the area around it?

\_\_\_ Is each task done in the area where that task is usually done?

## Post-Session Form: Part II

*Please select (by circling) your answer.*

### *Information*

6. Overall, how useful will the information presented in this session be to you in helping people with cognitive needs?

Not at all useful    Not very useful    Somewhat useful    Quite useful    Very useful

7. Were you satisfied with the balance between how much time the speaker presented information and the time spent in group discussion?

Not at all satisfied    Not very satisfied    Somewhat satisfied    Quite satisfied    Very satisfied

*Next Page Please*

The day you were **Born** e.g., 06 or 17): \_\_\_\_\_

First 3 letters of your **Mother's First Name** \_\_\_\_\_

Your City & State of residence: \_\_\_\_\_

City & State of this Educational Session \_\_\_\_\_

Today's date \_\_\_\_\_

***Presenter***

How would you rate the speaker's ability to:

8. Present the information clearly?

Poor = 1    2    3    4    5 = excellent

9. Use helpful examples or illustrations?

Poor = 1    2    3    4    5 = excellent

10. Respond to participants' ideas or questions?

Poor = 1    2    3    4    5 = excellent

***Overall***

11. What was most helpful to you about this presentation?

---

---

---

12. How can this presentation be improved?

---

---

---

***Thank you very much for your help!***