The Learning Disabilities Assocation of NYS (LDANYS) FASD Professional Development Training for Upstate New York, New York City & Long Island

Evaluation Form

Date: ____________________ **Site Location:** ______________________________________

I. Which of the following health and human service fields do you currently work in? Please indicate:

- ☐ Health Care
- ☐ Mental Health
- ☐ Social Services
- ☐ Juvenile/Youth Justice
- ☐ Legal Services
- ☐ Child Care
- ☐ Adoption Services
- ☐ Education
- ☐ Other (Specify) ____________________

II. What is your current role/profession in the organization (Please circle all that apply):

a.	☐	Physician	b.	☐	Nurse Practitioner	c.	☐	Nurse
d.	☐	Physician's Assistant	e.	☐	Administrator/Director	f.	☐	Occupational Therapist
g.	☐	Physical Therapist	h.	☐	Speech Therapist	i.	☐	Mental Health Specialist
j.	☐	Social Worker	k.	☐	Alcohol/drug Counselor	l.	☐	Case Manager
m.	☐	Case Worker	n.	☐	Eligibility Worker	o.	☐	Teacher
p.	☐	Child Care Professional	q.	☐	Supervisor	r.	☐	Psychologist

s. ☐ Other – Please specify ____

III. Age of Patients/Clients Seen in Your Organization:

- ☐ Pregnant Women
- ☐ <1 year of age
- ☐ 1- 5 years of age
- ☐ 6 – 10 years of age
- ☐ 11 – 15 years of age
- ☐ 16 – 25 years of age
- ☐ > 25 years of age

IV. In the 6 weeks since you participated in LDANYS' FASD Training, which of the following materials about FASD have you made available to your organization?

a. Risk assessment form or tool	☐ Yes ☐ No ☐ Not Sure
b. Patient Education Materials	☐ Yes ☐ No ☐ Not Sure
c. Guidelines	☐ Yes ☐ No ☐ Not Sure
d. Policies	☐ Yes ☐ No ☐ Not Sure
e. Training Materials	☐ Yes ☐ No ☐ Not Sure
f. Other (Specify):__________________________	

V. In the 6 weeks since you participated in LDANYS' FASD Training, which of the following has your organization implemented to help identify and refer children with potential FASD? (Please Circle all the apply):

a. Risk assessment form or tool	☐ Yes ☐ No ☐ Not Sure
b. Presentations on FASD	☐ Yes ☐ No ☐ Not Sure
c. Guidelines	☐ Yes ☐ No ☐ Not Sure
d. Policies	☐ Yes ☐ No ☐ Not Sure
e. Patient Education Materials	☐ Yes ☐ No ☐ Not Sure
f. Training Materials	☐ Yes ☐ No ☐ Not Sure
g. Information on referral and referral service	☐ Yes ☐ No ☐ Not Sure
h. Information of supportive services for children with FASD	☐ Yes ☐ No ☐ Not Sure
i. Other (Specify):__________________________	

VI. In the 6 weeks since you participated in LDANYS' FASD Training, which of these has your organization done? (Please circle all that apply)

a. Identified a child with potential FASD
b. Referred a child for evaluation for FASD
c. Treated a child with FASD

d. Worked with a family who has a child with an FASD

VII. If you suspected a child had an FASD, where would you refer them?

Please write in your answer: ______________________________

____

____

VIII. Does your organization treat or work with children who were adopted from outside the United States? (Please circle answer.)

a. Yes
b. No
c. Not Sure

Rating Key: 1 = **Use; 2 = Do Not Use; 3 = Have Not Heard of This**

IX. On a 3-point scale, which of the following FASD guidelines do you use to evaluate a child you suspect may have been prenatally exposed to alcohol?

	Use	Do Not Use	Have Not Heard of this
A practical clinical approach to diagnosis of Fetal Alcohol Spectrum Disorders: Clarification of the 1996 Institute of Medicine Criteria	1	2	3
The University of Washington's "The 4-Digit Diagnostic Code	1	2	3
Canadian guidelines for FASD diagnosis Fetal Alcohol Spectrum Disorder	1	2	3
The Centers for Disease Control's "Fetal Alcohol Syndrome: Guidelines For Referral and Diagnosis"	1	2	3

Other – please specify: ______________________________

Please Circle the number that best describes your opinion of The Learning Disabilities Association of NYS' (LDANYS) FASD Professional Development Training

X. I am satisfied with LDANYS' FASD Professional Development Training.

Strongly agree	Agree	Disagree	Strongly Disagree
4	3	2	1

After participating in LDANYS' FASD Professional Development Training, I am more educated about Fetal Alcohol Spectrum Disorders, FASD characteristics, secondary disabilities and FASD Prevention.

Strongly agree	Agree	Disagree	Strongly Disagree
4	3	2	1

XI. I was presented with this training opportunity in a respectful manner.

___Yes ____No

XII. I am better[1] able to educate others to be safe and protect my clients/students/patients from harm as a result of receiving LDANYS' FASD Training. _____ Yes _____ No

XIII. After receiving LDANYS' FASD Training, I have more information to help others make educated health decisions regarding maternal alcohol use. _____ Yes ______ No

XIV. I will pass along the information I learned from this training to co-workers, members of my family and community. _______ Yes ______ No

XV. What did you like best about this course? ____

____

____

XVI. What could be improved?
(*Other Comments)* ____

____

____

XVII. What other topics related to FASD would be of most interest to you? ____________________

____

____

Are you or any members of your family identified as having a disability?

______ Yes _______ No

If yes, Please check all that apply:

______ I am an individual with a disability

______ I have a family member with a disability? This person's age is: ________

______ I have additional family member with disabilities. Their ages are: __________

**Answer only if you checked yes to you or a family member identifying as having a disability.*

I or my family member has more choice[2] and control[3] as a result of this activity. ____Yes ____No

Please write any additional comments or suggestions in the space below.

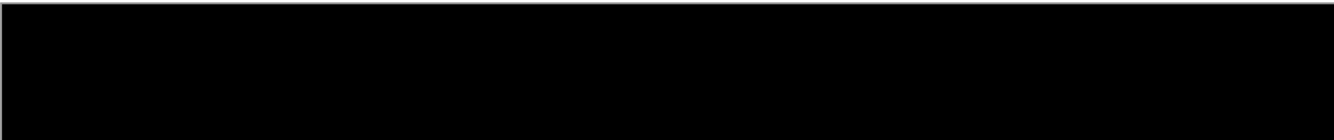
____

____

[1] Better: refers to the fulfillment of an individual's requirements or needs. Individual is engaged in decision-making and has access to resources, needed supports etc.

[2] Choice: refers to a process which supports decision-making, (choosing or selecting) whereby an individual can secure needed information to assist in their ability to make decisions about services, resources, needed supports, etc.

[3] Control: refers to the improved ability to direct, determine, and manage resources, supports, and services.



Thank you for taking the time to complete this survey.

Please mail or fax your completed survey to:

Sherelle A. Perryman
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Latham, New York 12110

FAX: 518-608-8993

*Phone inquiries should be directed to Sherelle Perryman, LDANYS Program Coordinator at 518-608-8992.