

Student-Led IEP Training

The purpose of this evaluation is to gather information about the quality and impact of the training including webinars provided by the Center for Disabilities. We do not report any identifying information such as your name, email address, or IP address. The evaluation will ask you to indicate the extent to which you agree with the statements, and are satisfied with the training and support you received.

All information you provide will remain strictly confidential. The results of this evaluation will be used for improving and reporting evidence of the quality and effectiveness of the training and support we provide.

Note: If you receive a Microsoft® Word or pdf version of this survey as an electronic file or by email it may be completed on your computer and emailed directly to Dr. John Johnson at john.r.johnson@usd.edu.

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Thank you for participating and contributing to our ongoing improvement efforts!

Student-Led IEP Training

Information About You and the Training You Attended

Training/Webinar Title: Student-Led IEP Training

Training/Webinar Location: New Orleans, LA

Training/Webinar Date: January 24, 2018

Training/Webinar Trainers/Facilitators: John R. Johnson, PhD

1. Please provide your job title.

2. Please select the one title/discipline below that best describes your role and the work you do.

- | | |
|---|---|
| <input type="radio"/> Adult with disability | <input type="radio"/> Special Educator |
| <input type="radio"/> Family Member/Caregiver | <input type="radio"/> School Principal |
| <input type="radio"/> General Educator | <input type="radio"/> Professional or Para-Professional |

Other (please specify)

3. Please indicate the work setting that best describes where you perform the majority of your work.

- | | |
|---|---|
| <input type="radio"/> Special Education Classroom | <input type="radio"/> Employment Training Site in Community |
| <input type="radio"/> General Education Classroom | <input type="radio"/> Resource Room |
| <input type="radio"/> Competitive Employment | |

Other (please specify)

4. Please indicate your gender.

- Male Female

5. Number of years employed in current position.

- 1-5 6-10 10-15 15-20 25+

6. Please describe the community where you work.

- Rural
- Small/Medium Town
- Other (please specify)
- Large Urban
- Native American/Tribal Community

7. Please indicate the number of persons with disabilities your organization typically services per year.

- 0-599
- 600-1,199
- 1,200 or more
- Other (please specify)

Student-Led IEP Training

8. How would you rate your knowledge and understanding about student-led IEPs **BEFORE** completing this training/webinar.

None or limited Basic/Beginner Intermediate Proficient Advanced/Expert

Comments

9. Please rate your current level of knowledge and experience with the implementation of the following professional practices.

	None or limited	Basic/Beginner	Intermediate	Proficient	Advanced/Expert
Transition planning for youth with disabilities age 16-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementation of research or evidence based self-determination practices for youth with disabilities age 16-22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

10. Please rate your level of satisfaction with the webinar on Student-Led IEPs.

- Very Satisfied
 Satisfied
 Dissatisfied
 Very Dissatisfied
 Please make recommendations for improvement here

11. The training/webinar provided information relevant to my needs.

Strongly Disagree Disagree Agree Strongly Agree

Comments

12. The training I received increased my professional knowledge about effective professional practice and strategies related to Student-Led IEPs and self-determination.

Strongly Disagree Disagree Agree Strongly Agree

Comments

13. The information and resources I received with this training are useful and will be applied in my work.

Strongly Disagree Disagree Neutral/Not Sure Agree Strongly Agree

Comments

14. How likely are you to implement the Student-Led IEP strategies discussed during this webinar?

Highly Likely Somewhat Likely
 Likely Not Likely

Comments

15. This training improved my professional competence and confidence to implement effective Student-Led IEPs.

Strongly Disagree Disagree Neutral/Not Sure Agree Strongly Agree

Comments

16. Please indicate the degree of support you will receive to fully implement the practices you learned during this training/webinar.

- None High
 Limited Full & Complete
 Moderate with conditions

Comments

17. The training or webinar facilitator was well prepared.

- Strongly Disagree Disagree Agree Strongly Agree

Comments

18. The training or webinar facilitator displayed professionalism.

- Strongly Disagree Disagree Agree Strongly Agree

Comments

19. My goals and expectations for this training were achieved.

- Strongly Disagree Disagree Agree Strongly Agree

Comments

20. How would you rate your knowledge and understanding about the topic **AFTER** completing this training/webinar.

- None or limited Basic/Beginner Intermediate Proficient Advanced/Expert

Comments

21. How would you rate the **change** in your knowledge and understanding about this topic **AFTER** completing this training/webinar?

- Decreased knowledge and understanding of topic
- No improvement in knowledge or understanding of topic
- Some increase in knowledge and understanding of topic
- Definite increase in knowledge and understanding of topic

22. Please provide any additional comments or information that may improve our webinar on Student-Led IEPs.