

EVALUATION FORM: Continuing Education Workshop
International Institute for Restorative Practices Graduate School

Basic Restorative Practices
March 30 – April 2, 2020
CEs: Circle One - 14 (2 day) or 28 (4 day)
Location: Bethlehem, PA
Presenter(s): Pam Thompson

Please fill out the following information if you would like a CE certificate. NASW-PA e-mails certificates (PDF format).
NASW-PA has been designated as a pre-approved provider of professional continuing education for Social Workers (47.36), Marriage and Family Therapist (48.36) and Professional Counselors (49.36) in the state of PA. This signed form must be mailed (when paying by check or money order) to the office at the address below with payment to receive a certificate. \$15 NASW members, \$25 nonmembers

Please return this form & payment to NASW-PA, 1000 Bent Creek Blvd, Suite 40, Mechanicsburg, PA 17050

NAME: _____ PHONE #: _____ NASW member? Yes No
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____ Email Certificate? Yes No

By signing below you attest that you signed in each day at the registration area and attended this workshop in its entirety.

| | Signature _____ | | | | Date _____ |
|---|-----------------|---------------|---------|---------------|------------|
| | EXCELLENT | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | POOR |
| The course met my expectations: | _____ | _____ | _____ | _____ | _____ |
| Instructor's presentation: | _____ | _____ | _____ | _____ | _____ |
| Comprehensiveness of course presentation: | _____ | _____ | _____ | _____ | _____ |
| Course materials: | _____ | _____ | _____ | _____ | _____ |

Two things I learned from attending the workshop _____

What part of the course did you find **most** helpful? _____

What part of the course did you find **least** helpful? _____

If paying by credit card, fax to 717-697-5686 or e-mail to anewkam.naswpa@socialworkers.org or asagen.naswpa@socialworkers.org

If you would like to pay by **VISA or MasterCard** fill the following information, if not please include check or money order

Name on Card: _____

CC # _____ - _____ - _____ - _____ Exp: _____ CCV (3 digit): _____

Signature of authorization: _____