



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

*Restorative Leadership Development: Authority with Grace*  
 March 22 - 23, 2018 CEs: 14  
 Location: Bethlehem, PA  
 Presenter(s): Beth Smull

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](mailto:anewkam.naswpa@socialworkers.org) or [asagen.naswpa@socialworkers.org](mailto: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: \_\_\_\_\_