

## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent

Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 5
2. Your overall rating of the presenter 1 2 3 4 5
3. Your overall rating of the material 1 2 3 4 5
4. Your overall rating of the workshop 1 2 3 4 5
5. Your overall rating of the facilities 1 2 3 4 5
6. Your overall rating of the fees 1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Very

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

more

\_\_\_\_\_  
Name (Optional)

## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good, 5 Excellent  
Using the above scale, please rate this training.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Your overall rating of subject matter | 1 | 2 | 3 | 4 | 5 |
| 2. Your overall rating of the presenter  | 1 | 2 | 3 | 4 | 5 |
| 3. Your overall rating of the material   | 1 | 2 | 3 | 4 | 5 |
| 4. Your overall rating of the workshop   | 1 | 2 | 3 | 4 | 5 |
| 5. Your overall rating of the facilities | 1 | 2 | 3 | 4 | 5 |
| 6. Your overall rating of the fees       | 1 | 2 | 3 | 4 | 5 |

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Yes, No

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Yes, No

Beth Spauld

Name (Optional)

## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 5
2. Your overall rating of the presenter 1 2 3 4 5
3. Your overall rating of the material 1 2 3 4 5
4. Your overall rating of the workshop 1 2 3 4 5
5. Your overall rating of the facilities 1 2 3 4 5
6. Your overall rating of the fees 1 2 3 4 5
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?  
Very helpful
8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Great.

\_\_\_\_\_  
Name (Optional)



## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent

Using the above scale, please rate this training.

1. Your overall rating of subject matter

1 2 3 4 5

2. Your overall rating of the presenter

1 2 3 4 5

3. Your overall rating of the material

1 2 3 4 5

4. Your overall rating of the workshop

1 2 3 4 5

5. Your overall rating of the facilities

1 2 3 4 5

6. Your overall rating of the fees

1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Best course so far.  
Great information

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Yes. Very relevant info.

C Reid  
Name (Optional)



## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent

Using the above scale, please rate this training.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Your overall rating of subject matter | 1 | 2 | 3 | 4 | 5 |
| 2. Your overall rating of the presenter  | 1 | 2 | 3 | 4 | 5 |
| 3. Your overall rating of the material   | 1 | 2 | 3 | 4 | 5 |
| 4. Your overall rating of the workshop   | 1 | 2 | 3 | 4 | 5 |
| 5. Your overall rating of the facilities | 1 | 2 | 3 | 4 | 5 |
| 6. Your overall rating of the fees       | 1 | 2 | 3 | 4 | 5 |

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

*Yes, it helps to look at life's situations with a different perspective.*

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

*Yes, always learning different methods of evaluating life.*

\_\_\_\_\_  
Name (Optional)

## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 5
2. Your overall rating of the presenter 1 2 3 4 5
3. Your overall rating of the material 1 2 3 4 5
4. Your overall rating of the workshop 1 2 3 4 5
5. Your overall rating of the facilities 1 2 3 4 5
6. Your overall rating of the fees 1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Very helpful.

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

yes

\_\_\_\_\_  
Name (Optional)

## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent

Using the above scale, please rate this training.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Your overall rating of subject matter | 1 | 2 | 3 | 4 | 5 |
| 2. Your overall rating of the presenter  | 1 | 2 | 3 | 4 | 5 |
| 3. Your overall rating of the material   | 1 | 2 | 3 | 4 | 5 |
| 4. Your overall rating of the workshop   | 1 | 2 | 3 | 4 | 5 |
| 5. Your overall rating of the facilities | 1 | 2 | 3 | 4 | 5 |
| 6. Your overall rating of the fees       | 1 | 2 | 3 | 4 | 5 |

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

*Very good*

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

*yes*

\_\_\_\_\_  
Name (Optional)



## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Your overall rating of subject matter | 1 | 2 | 3 | 4 | 5 |
| 2. Your overall rating of the presenter  | 1 | 2 | 3 | 4 | 5 |
| 3. Your overall rating of the material   | 1 | 2 | 3 | 4 | 5 |
| 4. Your overall rating of the workshop   | 1 | 2 | 3 | 4 | 5 |
| 5. Your overall rating of the facilities | 1 | 2 | 3 | 4 | 5 |
| 6. Your overall rating of the fees       | 1 | 2 | 3 | 4 | 5 |

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Yes!

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Yes

Beth L. Scott

Name (Optional)

## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent

Using the above scale, please rate this training.

1. Your overall rating of subject matter

1 2 3 4 5

2. Your overall rating of the presenter

1 2 3 4 5

3. Your overall rating of the material

1 2 3 4 5

4. Your overall rating of the workshop

1 2 3 4 5

5. Your overall rating of the facilities

1 2 3 4 5

6. Your overall rating of the fees

1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

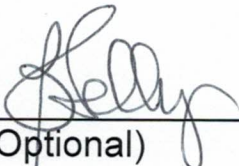
---

---

---

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

validation  
good to review EVERY year  
" presentation to have every year

  
Name (Optional)

## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good, 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 5
2. Your overall rating of the presenter 1 2 3 4 5
3. Your overall rating of the material 1 2 3 4 5
4. Your overall rating of the workshop 1 2 3 4 5
5. Your overall rating of the facilities 1 2 3 4 5
6. Your overall rating of the fees 1 2 3 4 5
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Loved it. - very informative!

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Yes it did - it was great.

Bridget Taylor  
Name (Optional)



## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent

Using the above scale, please rate this training.

1. Your overall rating of subject matter

1 2 3 4 5

2. Your overall rating of the presenter

1 2 3 4 5

3. Your overall rating of the material

1 2 3 4 5

4. Your overall rating of the workshop

1 2 3 4 5

5. Your overall rating of the facilities

1 2 3 4 5

6. Your overall rating of the fees

1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

---

---

---

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

---

---

---

\_\_\_\_\_  
Name (Optional)

## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

- |  |   |   |   |   |     |
|--|---|---|---|---|-----|
| 1. Your overall rating of subject matter | 1 | 2 | 3 | 4 | (5) |
| 2. Your overall rating of the presenter  | 1 | 2 | 3 | 4 | (5) |
| 3. Your overall rating of the material   | 1 | 2 | 3 | 4 | (5) |
| 4. Your overall rating of the workshop   | 1 | 2 | 3 | 4 | (5) |
| 5. Your overall rating of the facilities | 1 | 2 | 3 | 4 | (5) |
| 6. Your overall rating of the fees       | 1 | 2 | 3 | 4 | (5) |

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

All was good. Enjoyed all the input from  
others.

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Yes.

\_\_\_\_\_  
Name (Optional)

## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter

1 2 3 4 5

2. Your overall rating of the presenter

1 2 3 4 5

3. Your overall rating of the material

1 2 3 4 5

4. Your overall rating of the workshop

1 2 3 4 5

5. Your overall rating of the facilities

1 2 3 4 5

6. Your overall rating of the fees

1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Yes

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Yes

Eva Jensen

Name (Optional)



# WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 5

2. Your overall rating of the presenter 1 2 3 4 5

3. Your overall rating of the material 1 2 3 4 5

4. Your overall rating of the workshop 1 2 3 4 5

5. Your overall rating of the facilities 1 2 3 4 5

6. Your overall rating of the fees 1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

*This was a good eye-opener and confirmation of needing to ensure you take care of self.*

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

*yes*

Name (Optional)  
*Wagner Jackson*

## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Your overall rating of subject matter | 1 | 2 | 3 | 4 | 5 |
| 2. Your overall rating of the presenter  | 1 | 2 | 3 | 4 | 5 |
| 3. Your overall rating of the material   | 1 | 2 | 3 | 4 | 5 |
| 4. Your overall rating of the workshop   | 1 | 2 | 3 | 4 | 5 |
| 5. Your overall rating of the facilities | 1 | 2 | 3 | 4 | 5 |
| 6. Your overall rating of the fees       | 1 | 2 | 3 | 4 | 5 |

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

*Spoke on a subject not many people focus on.*

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

*Yes.*

\_\_\_\_\_  
Name (Optional)



## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter

1 2 3 4 5

2. Your overall rating of the presenter

1 2 3 4 5

3. Your overall rating of the material

1 2 3 4 5

4. Your overall rating of the workshop

1 2 3 4 5

5. Your overall rating of the facilities

1 2 3 4 5

6. Your overall rating of the fees

1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Yes  
\_\_\_\_\_  
\_\_\_\_\_

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Yes  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (Optional)



## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 (5)
2. Your overall rating of the presenter 1 2 3 4 (5)
3. Your overall rating of the material 1 2 3 4 (5)
4. Your overall rating of the workshop 1 2 3 4 (5)
5. Your overall rating of the facilities 1 2 3 4 (5)
6. Your overall rating of the fees 1 2 3 4 (5)
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?  
Important, Informative, Engaging
8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?  
Excellent.

Tanya Bowden  
Name (Optional)

## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 (5)
2. Your overall rating of the presenter 1 2 3 4 (5)
3. Your overall rating of the material 1 2 3 4 (5)
4. Your overall rating of the workshop 1 2 3 4 (5)
5. Your overall rating of the facilities 1 2 3 4 (5)
6. Your overall rating of the fees 1 2 3 4 (5)
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Very helpful

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Exceeded, I hadn't thought of  
this previously

Perry Tucker  
Name (Optional)

## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 5
2. Your overall rating of the presenter 1 2 3 4 5
3. Your overall rating of the material 1 2 3 4 5
4. Your overall rating of the workshop 1 2 3 4 5
5. Your overall rating of the facilities 1 2 3 4 5
6. Your overall rating of the fees 1 2 3 4 5
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?  
Very much helpful!
8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?  
Yes Excellent!

Name (Optional) /



## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent

Using the above scale, please rate this training.

1. Your overall rating of subject matter

1 2 3 4 5

2. Your overall rating of the presenter

1 2 3 4 5

3. Your overall rating of the material

1 2 3 4 5

4. Your overall rating of the workshop

1 2 3 4 5

5. Your overall rating of the facilities

1 2 3 4 5

6. Your overall rating of the fees

1 2 3 4 5

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Wonderful Subject

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

wonderful. IB is always

Name (Optional)

## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Your overall rating of subject matter | 1 | 2 | 3 | 4 | 5 |
| 2. Your overall rating of the presenter  | 1 | 2 | 3 | 4 | 5 |
| 3. Your overall rating of the material   | 1 | 2 | 3 | 4 | 5 |
| 4. Your overall rating of the workshop   | 1 | 2 | 3 | 4 | 5 |
| 5. Your overall rating of the facilities | 1 | 2 | 3 | 4 | 5 |
| 6. Your overall rating of the fees       | 1 | 2 | 3 | 4 | 5 |

7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

*Yes*

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

*Yes*

*Angie Taylor*

Name (Optional)



## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 5
2. Your overall rating of the presenter 1 2 3 4 5
3. Your overall rating of the material 1 2 3 4 5
4. Your overall rating of the workshop 1 2 3 4 5
5. Your overall rating of the facilities 1 2 3 4 5
6. Your overall rating of the fees N/A 1 2 3 4 5
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

---

---

---

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

Great presentation w/ information that needs to be told to counselors in this field. Many of us forget to take care of ourselves.

\_\_\_\_\_  
Name (Optional)



## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent

Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 (5)
2. Your overall rating of the presenter 1 2 3 4 (5)
3. Your overall rating of the material 1 2 3 4 (5)
4. Your overall rating of the workshop 1 2 3 4 (5)
5. Your overall rating of the facilities 1 2 3 4 (5)
6. Your overall rating of the fees 1 2 3 4 (5)

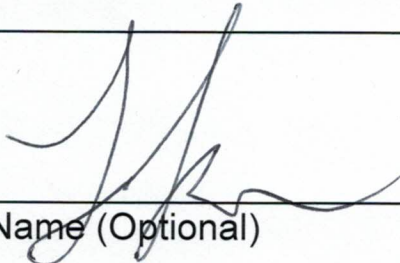
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Incredible - Much Needed !!!

I will use this with my supervisor & on myself !!!

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Name (Optional)

## WORKSHOP EVALUATION

Presenters Name: JG Regnier, AADC, CS, PR

Workshop Title: Secondary Trauma

Date of Training: October 09, 2019.

Location of Training: Ozark Folk Center, Mountain View, AR

Scale: 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 (5)
2. Your overall rating of the presenter 1 2 3 4 (5)
3. Your overall rating of the material 1 2 3 4 (5)
4. Your overall rating of the workshop 1 2 3 4 (5)
5. Your overall rating of the facilities 1 2 3 4 (5)
6. Your overall rating of the fees 1 2 3 4 (5)
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?  
Yes, I appreciated having the self assessment  
tools.
8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?  
Yes, very engaging.

\_\_\_\_\_  
Name (Optional)



## WORKSHOP EVALUATION

**Presenters Name:** JG Regnier, AADC, CS, PR

**Workshop Title:** Secondary Trauma

**Date of Training:** October 09, 2019.

**Location of Training:** Ozark Folk Center, Mountain View, AR

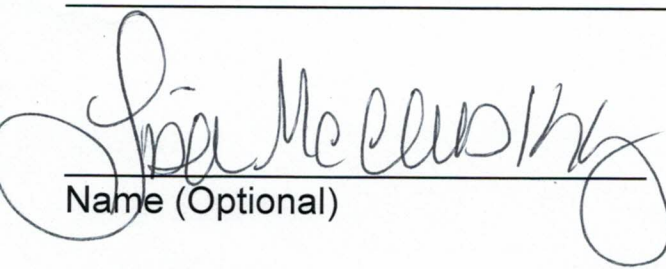
**Scale:** 1 Poor, 2 Fair, 3 Average, 4 Good 5 Excellent  
Using the above scale, please rate this training.

1. Your overall rating of subject matter 1 2 3 4 5
2. Your overall rating of the presenter 1 2 3 4 5
3. Your overall rating of the material 1 2 3 4 5
4. Your overall rating of the workshop 1 2 3 4 5
5. Your overall rating of the facilities 1 2 3 4 5
6. Your overall rating of the fees 1 2 3 4 5
7. Subject matter. Was the course material helpful? Were there any areas you felt missing?

Very helpful! Good Subject Matter.

8. Did this workshop meet your expectations? If not, do you have suggestions that would improve the training?

JG. is an excellent presenter. I always  
enjoy his workshops.

  
Name (Optional)