

6th Annual Traffick Jam

Evaluation Form for Professional Counselors

Program Date: January 23, 2021

Program Title: Breaking the Cycles of Human Trafficking, One Survivor at a Time

Medical Professionals and Mental Health Professionals Session

Please indicate your level of satisfaction or dissatisfaction with each of the following:

Session title and speaker: Human Trafficking Meets Healthcare: An Opportunity for Intervention; Jordan Greenbaum, M.D.

	Extremely satisfied	Satisfied	Dissatisfied	Extremely dissatisfied
Content of the session				
Knowledge and presentation skills of presenter				
Ease of use of virtual platform				
Content and quality of session materials				
Relevance of session to your profession				

Session title and speaker: Trafficked Youth and Disabilities: An Overview for Providers and Practitioners; Alison Boak, MPH

	Extremely satisfied	Satisfied	Dissatisfied	Extremely dissatisfied
Content of the session				
Knowledge and presentation skills of presenter				
Ease of use of virtual platform				
Content and quality of session materials				
Relevance of session to your profession				

Session title and speaker: One More Thing – Recognizing the Increased Vulnerability of Youth to Human Trafficking; Tammy Hopper, CYC-P

	Extremely satisfied	Satisfied	Dissatisfied	Extremely dissatisfied
Content of the session				
Knowledge and presentation skills of presenter				
Ease of use of virtual platform				
Content and quality of session materials				
Relevance of session to your profession				

	 			
Ease of use of virtual platform				
Content and quality of session materials				
Relevance of session to your profession				
What did you enjoy abo	ut the program?			
What can we do differen	ntly to improve the progr	ram?		
Please provide addition	al comments:			
To receive continuing education credits for this program, please provide your name and email address below. By providing your name you are affirming that you attended the entirety of the program. This information will only be used for the purpose of providing you with continuing education credit.				
Name:				
Email:				