**October 18, 2023**

**SOCIAL WORKER EVALUATION FORM – 2 CEU EVENT**

**Life’s Blueprint – Estate Planning Through the Stages of Life**

**And Nurturing Brain Health Choices**

**Wayne Carrabus, CPA, Esq. at Futterman, Lanza & Pasculli, LLP**

**Carol Hartmann, at Alzheimer’s Disease Resource Center**

Your opinion is important to us because we want our workshops to be as informative and helpful as possible. Please tell us about your experience and return the completed form to us.

**Please evaluate workshop by circling appropriate rating, where 5 = Excellent and 1= Poor:**

 5 (Excellent) 4 (Very Good) 3 (Good) 2 (Fair) 1(Poor)

Overall Reaction 5 4 3 2 1

Program Content 5 4 3 2 1

Presenters

Wayne Carrabus 5 4 3 2 1

Carol Hartmann 5 4 3 2 1

Relevant for my 5 4 3 2 1

Professional needs

Was there anything covered today that you would like to discuss in more detail?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, what subjects would you like to discuss in more detail?

What other topics would you have interest in that would be relevant to your professional needs?

Are there other areas of law you would like information on?

How can we improve the workshop?

Is there anything else you would like to share with us?

How did you learn about this webinar?

 \_\_\_\_\_\_\_\_\_ Email received \_\_\_\_\_\_\_\_\_ social media post

 \_\_\_\_\_\_\_\_\_ word of mouth/colleague \_\_\_\_\_\_\_\_\_ other (please describe below)

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**Please provide contact information for colleagues that would benefit from our workshops.**

Their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please check here if you do not need a certificate of attendance.**

**YOUR NAME: \_\_ \_\_**

**COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**STREET ADDRESS: \_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

**PHONE: E-MAIL:**