

MAGIC THERAPY WORKSHOP EVALUATION

Using Magic Tricks in a Therapeutic Setting | Kevin Spencer, PhD

Host / location: _____ Date: _____

Workshop length: ☐ 2 hours ☐ 3 hours ☐ 6 hours

Please do not write your name on this form. Your responses are anonymous. If you need a CE certificate, sign the separate attendance sheet.

ABOUT YOU

My profession

- ☐ Occupational therapist ☐ Occupational therapy assistant ☐ Physical therapist
☐ Physical therapist assistant ☐ Speech-language pathologist ☐ Special educator
☐ Dentist / dental team ☐ Student ☐ Other

Other, please specify: _____

The ages I work with most (tick all that apply)

- ☐ Birth to 3 ☐ 3 to 5 ☐ 6 to 11 ☐ 12 to 18 ☐ Adults ☐ Mixed / all ages

COURSE CONTENT, RESOURCES AND LEARNING ENVIRONMENT

Statement	N/A	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. The course contained practical information I can use in my practice.	☐	☐	☐	☐	☐	☐
2. The course content met my expectations.	☐	☐	☐	☐	☐	☐
3. The course materials were well planned and organized.	☐	☐	☐	☐	☐	☐
4. The course materials contained useful information.	☐	☐	☐	☐	☐	☐
5. The course objectives were clearly defined and addressed.	☐	☐	☐	☐	☐	☐
6. The learning objectives were met.	☐	☐	☐	☐	☐	☐
7. Evidence was provided to substantiate the material presented.	☐	☐	☐	☐	☐	☐
8. The visuals and/or demonstrations were adequate.	☐	☐	☐	☐	☐	☐
9. The learning environment (room, seating, table space, lighting, sound and accessibility) supported my learning.	☐	☐	☐	☐	☐	☐

THE INSTRUCTOR

Statement	N/A	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
10. The instructor was adequately prepared for this learning activity.	☐	☐	☐	☐	☐	☐
11. The instructor was knowledgeable about the subject matter.	☐	☐	☐	☐	☐	☐
12. The instructor clearly communicated concepts and ideas.	☐	☐	☐	☐	☐	☐
13. The instructor responded appropriately to questions.	☐	☐	☐	☐	☐	☐
14. The instructor involved participants in the learning process.	☐	☐	☐	☐	☐	☐
15. The instructor held my interest.	☐	☐	☐	☐	☐	☐
16. I would recommend this instructor to others.	☐	☐	☐	☐	☐	☐

HOW WELL I ACHIEVED EACH LEARNING OUTCOME

After completing this workshop:

Statement	N/A	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
17. I can explain the theoretical framework that supports the use of magic tricks as an intervention.	☐	☐	☐	☐	☐	☐
18. I can identify the four primary therapeutic domains (cognitive, motor, perceptual, and social) addressed through magic-based interventions.	☐	☐	☐	☐	☐	☐
19. I can describe the therapeutic benefits of magic tricks in client treatment across all four domains.	☐	☐	☐	☐	☐	☐
20. I can identify what type of client may be appropriate for this treatment approach.	☐	☐	☐	☐	☐	☐
21. I can match simple magic tricks to corresponding client goals within therapeutic domains.	☐	☐	☐	☐	☐	☐

OVERALL

Statement	N/A	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
22. I would recommend this course to others.	☐	☐	☐	☐	☐	☐
23. The course will be useful in my practice.	☐	☐	☐	☐	☐	☐
24. This content will transfer to the patients or students with disabilities on my caseload.	☐	☐	☐	☐	☐	☐

USING WHAT YOU LEARNED

25. How do you intend to use the knowledge and skills from this workshop? (tick all that apply)

- ☐ Use magic tricks in treatment sessions
 - ☐ Write goals that include magic-based activities
 - ☐ Share what I learned with colleagues
 - ☐ Use it with a specific client or student
 - ☐ Not sure yet
 - ☐ Other

Describe one way you plan to use it in the next month:

FUTURE PROGRAMMING

26. What topics, populations or skills would you like future Magic Therapy workshops to cover?

27. Would you attend a follow-up or advanced workshop?

- ☐ Yes ☐ No ☐ Maybe

REQUIRED DISCLOSURE

Was any product, service, or program offered for sale during this workshop? Materials, handouts and the practice kit are given free of charge. Receiving them is not a sale.

- ☐ No ☐ Yes If yes, please describe: _____

ADDITIONAL COMMENTS

What worked, what did not, and anything you would change:

[illegible]