



BCIA Didactic Training Program Student Evaluation Form

Please return this form directly to: **BCIA, 5310 Ward Rd, #201 – Arvada CO 80002**

Phone: (720) 502-5829 – email: info@bcia.org

In order for this course to be valid for BCIA didactic education, your name must be on the official list submitted to BCIA by the training program you attended and you must submit this evaluation form to BCIA within 30 days of the completion of the didactic training program. The information submitted will be kept **CONFIDENTIAL** by BCIA. The training provider will receive summary data to provide feedback for improvement of their teaching program.

1. Evaluation of Training - Use the following scale to evaluate items: 1 - Excellent 2 - Satisfactory 3 - Unacceptable

| BLUEPRINT AREAS | How well were blueprint subject areas covered? | Quality of Faculty | Written Materials/ Handouts | Audio-Visual |
|------------------------------------|------------------------------------------------|--------------------|--------------------------------|--------------|
| I. Orientation to Biofeedback | | | | |
| II. Stress, Coping & Illness | | | | |
| III. Psychophysiological Recording | | | | |
| IV. sEMG Applications | | | | |
| V. ANS Applications | | | | |
| VI. EEG Applications | | | | |
| VII. Adjunctive Intervention | | | | |
| VIII. Professional Conduct | | | | |

2. To what extent was the teaching facility conducive to learning? Excellent Satisfactory Unacceptable

3. Overall, did the program deliver what was offered in the promotional material?
Completely Generally Poorly

4. Was clinical grade equipment made available during your course for "hands on" demonstration?

5. Are you currently certified by BCIA? _____ No _____ Yes

If no, do you plan to sit for the BCIA Exam? Yes _____ When: _____ No _____ Don't Know _____

6. Name of the training program you attended: _____

7. Location of training program: _____

8. Dates of training program: _____

9. Your name and address: _____

You may use the back of this form for any comments you wish to make.