

FULL CONFERENCE EVALUATION-IASD 2014

4TH SOUTHERN CALIFORNIA DREAM CONFERENCE, Sept. 13, 2014

Please rate your satisfaction with this year's conference to help us plan future conferences. You can return this form to the Information Desk or to any conference monitor or mail it to: IASD, 1672 University Ave., Berkeley, CA 94703 USA. **Please consider doing the online version:**

<https://www.surveymonkey.com/s/EvalSoCal2014>

1= Strongly Disagree 2=Disagree Somewhat 3=Neutral 4=Agree Somewhat 5 =Strongly Agree

Please note that 1 is the weakest rating and 5 is the strongest rating.

I ATTENDED THIS YEAR'S IASD CONFERENCE TO:

1) *increase my knowledge and understanding of :*

biological and psychological dream research: 1 2 3 4 5

social and cultural dream research: 1 2 3 4 5

studies of dreams in the arts and humanities: 1 2 3 4 5

2) *increase my skills in using dreams and dreamwork in:*

clinical settings (e.g., psychotherapy, counseling, medicine): 1 2 3 4 5

non-clinical settings (e.g., personal growth workshops, coaching): 1 2 3 4 5

educational settings (e.g., K-12, college, postgraduate): 1 2 3 4 5

3) *explore:*

creative aspects of my dreams: 1 2 3 4 5

spiritual and religious aspects of my dreams: 1 2 3 4 5

personal growth potential of my dreams: 1 2 3 4 5

4) obtain CE credits: 1 2 3 4 5

5) network with other professionals: 1 2 3 4 5

6) other reasons: *Please specify additional reasons in the space below:* 1 2 3 4 5

7) This conference increased my knowledge and understanding of dream studies: 1 2 3 4 5

8) This conference improved my skills in using dreamwork: 1 2 3 4 5

9) This conference helped me explore my dreams in important ways: 1 2 3 4 5

10) OVERALL, this conference met my needs, goals and aspirations: 1 2 3 4 5

11) Please list other topics you would like to see included in future conferences?

12) I was satisfied with the conference facilities and accommodations: 1 2 3 4 5

Additional comments about the site, facilities, and accommodations: (Use a separate sheet if needed)

(This is page 1 of the Full 2014 Conference Evaluation)

13) Which general aspects of the conference were **most valuable** to you and why? *(Use a separate sheet if needed)*

14) Which general aspects of the conference were **least valuable** to you and why? *(Use a separate sheet if needed)*

15) Which specific presenters or presentations did you find **most valuable** and why? *(Use presenter # if possible because some presenters had more than one presentation) PLEASE USE AS MUCH SPACE AS YOU NEED AS THIS INFORMATION WILL HELP PLAN FUTURE CONFERENCE:*

16) Which specific presenters or presentations did you find **least valuable** and why? *(Use presenter # if possible because some presenters had more than one presentation) PLEASE USE AS MUCH SPACE AS YOU NEED AS THIS INFORMATION WILL HELP PLAN FUTURE CONFERENCE:*

17) **During the conference, did you observe:**

violations of the IASD Code of Ethics? (circle one) **YES NO**

insensitive or unprofessional conduct by presenters? (circle one) **YES NO**

other situations the Ethics or Program Committees should be aware of? (circle one) **YES NO**

If you answered YES to any of the items above in #16, please describe what you observed: (Use a separate sheet if needed)

18) Do you have any other ideas or suggestions on how to improve future IASD conferences?

19) How many IASD regional, online and annual conferences have you attended? (circle one)

1 conference 2 conferences 3-4 conferences 5 or more conferences

20) What is the level of training you have taken on all aspects of dreams and dreamwork? (circle one)

1) None 2) Low 3) Moderate 4) High 5) Very High

21) What is your level of training and experience in professional use of dreams? (circle one)

1) None 2) Low 3) Moderate 4) High 5) Very High

22) What are your professional roles? (check **ALL** that apply)

<input type="checkbox"/> Educator (K-12)	<input type="checkbox"/> Educator (college)	<input type="checkbox"/> Lecturer/workshop facilitator
<input type="checkbox"/> Mental health (clinical)	<input type="checkbox"/> Mental health (counselor)	<input type="checkbox"/> Health care professional
<input type="checkbox"/> Dream group facilitator	<input type="checkbox"/> Minister/spiritual counselor	<input type="checkbox"/> Personal growth teacher/coach
<input type="checkbox"/> Author/Publisher	<input type="checkbox"/> Artist (fine art/performance)	<input type="checkbox"/> Researcher/Scholar
<input type="checkbox"/> Student	<input type="checkbox"/> Other (specify: _____)	

23) YOUR NAME: (Optional) _____ 25) E- mail: (Optional) _____

We welcome additional feedback. Please use the back of this page or attach a separate sheet and return it with this form. You can also fill out the form on the IASD Website: <https://www.surveymonkey.com/s/EvalSoCal2014>

You can also email additional comments to IASD: office@asdreams.org Specify "SOCAL 2014 REGIONAL CONFERENCE Conference Evaluation Comments" in the title line of your email.

ADDITIONAL COMMENTS:

----- Check here if you have made additional comments on the back of this form.

(This is page 3 of the Full 2014 Conference Evaluation)