

ACVREP Certificate Request and Evaluation Packet for TETN Broadcasts



Please read these instructions before completing:

Original Broadcast:

1. Sign in on the facility roster where you viewed the broadcast.
2. After the broadcast, complete the request form and return it to your facilitator at the ESC or remote site.

The facilitator will fax the roster and all the request forms and evaluations to TSBVI Outreach, Nancy Keck at 512-206-9320.

Later Viewing of Broadcast:

1. Complete the request packet and evaluation.
2. Have an administrator or ESC consultant sign to verify that you watched the broadcast.
3. Send request and evaluation via fax to TSBVI Outreach, Nancy Keck at 512-206-9320.

When this information is received by TSBVI Outreach, your certificate will be emailed to the email address provided on your form. **BE SURE TO PRINT YOUR EMAIL ADDRESS CLEARLY.**

3. ACVREP Credit Request

Broadcast Title and TETN Number		Date Viewed	
Date of Broadcast			
Participant Name		Participant Title	
Email Address (print clearly)			
ISD/Agency and City			
ESC Region	Where did you view broadcast? (Check one of the options to the right)	<input type="checkbox"/>	ESC
		<input type="checkbox"/>	Remote site
		<input type="checkbox"/>	Home/Work after initial broadcast

I would like to request ACVREP credit for viewing this Texas School for the Blind & Visually Impaired TETN broadcast.

- I have completed the ACVREP Evaluation and I am sending it with this request.
- I have signed a roster that has been sent to TSBVI Outreach from the facilitator at my viewing location
- or
- I have a signature from my ESC Consultant or Administrator verifying that I have viewed this presentation.

Administrator/ESC Consultant Signature

Date

ACVREP EVALUATION FORM

Name:

Title:

Email address (please print clearly):

Phone:

**ACVREP approved CE
program/activity:**

Program/activity date(s):

Please answer the following questions, indicating your level of satisfaction by circling the appropriate number:

1. Please rate your satisfaction with the effectiveness of the workshop/TETN broadcast in meeting the stated objectives:

1	2	3	4	5
Outstanding	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied

2. Please rate your satisfaction with the improvement of your knowledge and skills as a result of this workshop/TETN broadcast:

1	2	3	4	5
Outstanding	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied

3. How satisfied are you that implementation of knowledge/skills gained will impact improved student performance?

1	2	3	4	5
Outstanding	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied

4. Will your job performance or advocacy efforts change in any way as a result of this program?
_____ Yes _____ No _____ Undecided
5. I would recommend this training to my peers/colleagues in the vision rehabilitation and education field:
_____ Yes _____ No _____ Undecided
6. What information from this TETN broadcast are you most likely to use in your current position?

Comments

Original Broadcast

[Return your completed evaluation sheet to your ESC TVI Consultant.](#) ACVREP evaluations should be fax to Nancy Keck at TSBVI Outreach (512-206-9320) with a copy of the ACVREP Proof of Attendance form for this broadcast. Once attendance has been verified and matched to an evaluation form, a ACVREP certificate will be emailed to the participant. You must include a valid email on this evaluation form and ACVREP Proof of Attendance form if you wish to receive a certificate. **NO CERTIFICATES WILL BE MAILED.**

Later Viewing

Complete this packet (evaluation and request) and fax to Nancy Keck at 512-206-9320. You must include a valid email on this evaluation form and ACVREP Proof of Attendance form if you wish to receive a certificate. **NO CERTIFICATES WILL BE MAILED.**