



 **EVALUATION FORM**

 Minnesota Sex Crimes Investigators Association

 2025 Fall Conference

Your response to the following questions will be extremely helpful in developing follow-up training. PLEASE return the completed form before you leave.

**Your job title/area of expertise:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***THANK YOU FOR TAKING THE TIME TO COMPLETE THIS EVALUATION***

|  |  |
| --- | --- |
| **PROGRAM and FACULTY** | *Circle one number under each category* |
|  | **HOW EFFECTIVE WAS/WERE THE PRESENTER(S)?** | **HOW IMPORTANT****WAS THIS****TOPIC TO YOU?** |
| How would you rate the sessions? | 5 – Effective. . .1 – Inadequate | 5 – Extremely Important. . .1 – Not at All |
|  | PRESENTER(S) | TOPIC |
| BCA – POR Unit Updates & Legislative Action Lucas Munkelwitz, BCA | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: |
|  | PRESENTER(S) | TOPIC |
| Missing and Murdered Indigenous Relatives OfficeAna Negrete, Taylor Wencel   | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: |
|  | PRESENTER(S) | TOPIC |
| Case Presentation – State of MN v. Terrell Fields Brennan Olson, Sartell PD | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: |

|  |  |  |
| --- | --- | --- |
|  | PRESENTER(S) | TOPIC |
| Legal Update Karen Kugler, Ramsey County Attorney’s Office | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: |
|  | PRESENTER(S) | TOPIC |
| State of MN v. Sosa Saavedra Jessica Hockley, Assistant Stearns County Attorney | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: |
|  | PRESENTER(S) | TOPIC |
| Forensic Interviewing -Prepare and Predict Carly Bentley, Homeland Security Investigations | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: |
|  | PRESENTERS | TOPIC |
| Fifty Shades of Grace Sonya Brunner – Survivor | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: |
|  | PRESENTERS | TOPIC |
| Fifty Shades of Grace – Q & A Sonya Brunner – Survivor  | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: |

|  |
| --- |
| **OVERALL REACTION** |
|  | Excellent | Good | Satisfactory | Fair | Poor |
| A. Overall Evaluation of Program | 5 | 4 | 3 | 2 | 1 |
| B. Program Format/Length | 5 | 4 | 3 | 2 | 1 |
| C. Training Facility | 5 | 4 | 3 | 2 | 1 |
| D. Quantity/Quality of Materials | 5 | 4 | 3 | 2 | 1 |
| E. Usefulness of Ideas & Methods for Your Agency | 5 | 4 | 3 | 2 | 1 |

**YOUR COMMENTS ARE EXTREMELY IMPORTANT**

1. The most valuable part of this training was:

G. The least valuable part of this training was:

1. What would you like to see changed for future training?
2. Additional comments on content, presenters, or facility: