BREKKE REHAB CONSULTING

Education Needs Assessment

Thank you for taking a few minutes to share your educational needs. Your feedback will help guide what is the best fit for you at this time.

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1. Respondent Background & Role

Name: _____

Credentials/Profession: _____

Organization/Practice: _____

Contact information: _____

What clinical topics would you like to learn more about?

- ☐ Vestibular Rehabilitation
- ☐ Concussion
- ☐ Migraine
- ☐ Autonomic Dysfunction/Dysautonomia
- ☐ Complex Patient Cases
- ☐ Clinical Reasoning
- ☐ Other: _____

What are the biggest challenges you experience in clinical practice?

_____

_____

_____

What type of education would be the most helpful? (select the best option)

- ☐ In-person course or workshop
- ☐ Virtual live course
- ☐ Small-group mentoring

- [ ] One-on-one mentoring
- [ ] Case consultation
- [ ] Other: _____

How often would you like learning activities? Select one.

- [ ] Weekly
- [ ] Every two weeks
- [ ] Monthly
- [ ] As needed or self-paced
- [ ] Other: _____

Are there specific skills, patient populations, or topics you would like addressed?

_____

_____

_____

What would make an educational opportunity most valuable to you?

_____

_____

_____

2. Professional or Educational Goals

What are your top goals for the next 6–12 months? List up to three.

1. _____

2. _____

3. _____

Thank you for your feedback! I will be in touch within the next 48 hours to determine next steps.