To help us meet your educational needs, we ask that you complete this evaluation form. Thank you for your attendance and cooperation.

**PROGRAM TITLE:** "Caring for a Patient with Heart Disease"
March 10, 2010

**Date Viewed** ___________ (If you did not attend the live satellite)

**NAME:** ______________________  **AGENCY/COUNTY:** ______________________

**FACULTY:** Maria Huck, Michelle Crumbley, Tracy Edwards

<table>
<thead>
<tr>
<th>LEGEND:</th>
<th>5 - Outstanding</th>
<th>4 - Above average</th>
<th>3 - Average</th>
<th>2 - Below average</th>
<th>1 - Unacceptable</th>
</tr>
</thead>
</table>

Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

- Maria Huck: 5 4 3 2 1
- Michelle Crumbley: 5 4 3 2 1
- Tracy Edwards: 5 4 3 2 1

Provided content relative to the session objectives: 5 4 3 2 1

Effectively used teaching methods & learning aids: 5 4 3 2 1

Provided information pertinent to my job duties: 5 4 3 2 1

Enabled me to better perform my job duties: 5 4 3 2 1

What new knowledge did this in-service provide?

List areas you think need improvement.

What additional topics would you recommend for future programs?

**NEW ADDRESS!**

PLEASE SEND EVALUATION FORMS BY HAND MAIL TO

BUREAU OF HOME & COMMUNITY SERVICES
ENTERPRISE OFFICE
Attn: BECKY LEAVINS
2841 Neal Metcalf Rd.
Enterprise, Al 36330

PLEASE DO NOT SEND YOUR SIGN-IN SHEETS!