

BUREAU OF HOME AND COMMUNITY SERVICES
ALABAMA DEPARTMENT OF PUBLIC HEALTH

Program Evaluation Record

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 Pediatric Patients
May 11, 2011

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

NAME: _____ AGENCY/COUNTY: _____

FACULTY: DR. Karen Landers, MD, FAAP

LEGEND: 5 - Outstanding 4 - Above average 3 - Average 2 - Below average 1 - Unacceptable
--

Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Dr. Karen Landers	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?

PLEASE SEND **EVALUATION FORMS** BY HAND MAIL TO
BUREAU OF HOME & COMMUNITY SERVICES
*******ENTERPRISE OFFICE*******

Attn: SHANELL WILLIAMS
2841 Neal Metcalf Rd.
Enterprise, AL 36330

PLEASE DO NOT SEND YOUR SIGN-IN SHEETS!