## ALABAMA DEPARTMENT OF PUBLIC HEALTH Program Evaluation for Social Workers

## **Caring for Difficult Patients**

Broadcast Date: Wednesday, June 8, 2011

Participant Name:		SW	Other		
Address:	City:	State:	Zip:		
Email:	Phone Number:				
Available Subject Matter Expert:					
Shade in the circle under the number you the 5=very useful; 4=useful; 3=average; 2=not u			ering using the	following sca	ale:
Teaching Effectiveness of Presenters:	5	4	3	2	1
Course Objectives:					
List one thing you will do differently because	of this training:				
Other education programs you would be inte	erested in viewing:				
I attest that I viewed at least 85% of this program:  Participant's Signature			Date viev	ved:	

Note: The completed evaluation and sign-in sheet should be mailed to: Jacquetta Bruce, Bureau of Professional and Support Services, Alabama Department of Public Health, P.O. Box 303017, Montgomery, AL, 36130-3017 or fax to (334) 206-5663.