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

## **Caring for Patients with Special Diets**

Broadcast Date: Wednesday, June 22, 2011, 2:00-4:00 p.m. (Central Time)

Participant Name:		_ SWC	Other		
Address:	City:	State: _	Zip:		
Email:	Phone Number:				
Available Subject Matter Expert:					
Shade in the circle under the number you think best evaluates this educational offering using the following scale: 5=very useful; 4=useful; 3=average; 2=not useful; or 1=unacceptable					
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 interes	ted in viewing:				
I attest that I viewed at least 85% of this program	m: Participant's		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.