

**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 a Bedbound Patient"
July 8, 2009**

NAME: _____ **AGENCY/COUNTY:** _____

**FACULTY: Shirley Offutt, RN, BSN
Becky Leavins, RN**

LEGEND: 5 - Outstanding 4 - Above average 3 - Average 2 - Below average 1 - Unacceptable
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Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Shirley Offutt	5	4	3	2	1
Becky Leavins	5	4	3	2	1
Objective 1	5	4	3	2	1
Objective 2	5	4	3	2	1
Objective 3	5	4	3	2	1
Objective 4	5	4	3	2	1
Objective 5	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:
THE RSA TOWER
BUREAU OF HOME & COMMUNITY SERVICES
Attn: Shirley Offutt
201 Monroe St., Ste. 1200
Montgomery, AL 36104