

Alabama Department of Public Health
Office of Clinical Management and Practice
Program Evaluation

***Breastfeeding Knowledge and Introduction to the Baby Friendly
Provider Program***

ASNA Number 5-91.20.17

Please complete the following:

1. I have achieved my personal objectives for attending today's program:

Yes

No

If no, what could we have provided to enable you to meet your personal objectives?

2. List two things learned today that you can incorporate into your daily practice or job duties:
3. What other programs would you attend if offered?