

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

***Tele-behavioral Health: Assessing Patient/Provider for Fit (Part 2)***

ASNA Number 5-91.19.41

**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?