

**TAPE/WEBCAST**

Alabama Department of Public Health Program Evaluation

**Preventing Fetal Alcohol Spectrum Disorders (FASD)**

**ASNA No.: 5-91.228**

**ABN Provider Number: ABNPO387**

**Date: March 2, 2006**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Agency: \_\_\_\_\_ Agency Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

ADPH Training Contact Person: \_\_\_\_\_ County/Area: \_\_\_\_\_ Email: \_\_\_\_\_

**Title:**

- RN  Administrator  Health Educator
- LPN  Aide/Outreach  Other \_\_\_\_\_
- NP/CNM  Clerical
- MD  Counselor/Social Worker

**Race/Ethnicity:**

- American Indian  Hawaiian/Pacific Islander  Other \_\_\_\_\_
- Asian  Hispanic/Latino
- Black/African American  White

**Population Served:**

- Primarily Rural  Rural & Urban
- Primarily Urban  Suburban

**Agency Type:**

- State/Local Health Dept.  Hospital Based  Other \_\_\_\_\_
- Planned Parenthood  Managed Care
- Community Based Org.  Private Practice

**KEY:            3 = YES                            2 = SOMEWHAT                            1 = NO**

THE SPEAKER WAS EFFECTIVE IN PRESENTING THE MATERIAL.	3	2	1
THE SESSION MET THE LISTED OBJECTIVES.	3	2	1
PROVIDED CONTENT RELATIVE TO THE OBJECTIVES.	3	2	1
EFFECTIVELY USED TEACHING METHODS AND LEARNING AIDS.	3	2	1
PROVIDED PHYSICAL FACILITIES CONDUCIVE TO LEARNING.	3	2	1
ENABLED ME TO MEET MY PERSONAL OBJECTIVES.	3	2	1

**OVERALL, I WOULD RANK THIS TRAINING AS:**

**\_\_ EXCELLENT      \_\_ GOOD      \_\_ AVERAGE      \_\_ FAIR      \_\_ POOR**

Please list any additional comments:

Please list any additional training you would be interested in attending:

I attest that I have viewed at least 85% of this program: **Participant's Signature:** \_\_\_\_\_ **Date Viewed:** \_\_\_\_\_

As the "subject matter expert", I attest that the participant viewed at least 85% of the program and had opportunity to ask questions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Within 3 working days, mail completed form to: Alabama Department of Public Health, Office of Professional & Support Services, P.O. Box 303017, Suite 1010; Attention: Training Coordinator; Montgomery, AL 36130-3017.

**Out of State Participants Include \$20/person for CEUs.**

**No CEUs Requested.**