

WEBCAST OR TAPE

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HOME AND COMMUNITY SERVICES  
Program Evaluation**

**Skin Care Update  
October 18, 2006**

Participant Name: \_\_\_\_\_ HHA \_\_\_\_\_ HA \_\_\_\_\_ 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.

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Teaching Effectiveness of Presenter(s):</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Course Objectives:</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List one thing you will do differently as a result of this training: \_\_\_\_\_

Other education programs you would be interest in viewing: \_\_\_\_\_

I attest that I viewed at least 85% of this program: \_\_\_\_\_ Date Viewed: \_\_\_\_\_

Participant's Signature

Supervisor Signature: \_\_\_\_\_

**NOTE: The completed evaluation and sign-in sheet should be mailed to: Debbie Buchanan, Bureau of Home and Community Services, Alabama Department of Public Health, The RSA Tower, Suite 1200, P.O. Box 303017, Montgomery, AL 36130-3017 or fax to (334) 206-7013.**