

**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: "Fall Prevention Awareness: Section 2"
August 24, 2011**

Date Viewed _____ (If you did not attend the live satellite)

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

FACULTY: Barbara Davis, RPT

LEGEND:

5 - Outstanding	4 - Above average	3 - Average	2 - Below average	1 - Unacceptable
------------------------	--------------------------	--------------------	--------------------------	-------------------------

Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Barbara Davis	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
BUREAU OF HOME & COMMUNITY SERVICES
*****ENTERPRISE OFFICE*******

**Attn: SHANELL WILLIAMS
2841 Neal Metcalf Rd.
Enterprise, Al 36330**

PLEASE DO NOT SEND YOUR SIGN-IN SHEETS!