

**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: "Caring for Difficult Patients"
March 9, 2011**

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

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

FACULTY:

LEGEND: 5 - Outstanding 4 - Above average 3 - Average 2 - Below average 1 - Unacceptable
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Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Carolyn O'Bryan-Miller	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!