

Alabama Department of Public Health
Office of Clinical Management and Practice
Program Evaluation
Ethical Practice in Helping Professions
ASNA Number 5-91.19.10
Expires: 03/26/2021

Complete the following information:

Number of participants: _____

Evaluation Questions:

1. I have achieved my personal objectives for attending today's program:

Number of "Yes" answers: _____

Number of "No" answers: _____

Comments from participants (if same comment noted more than once, write the comment then list the number of times it was noted):

2. List two things learned that you can incorporate into your daily practice or job duties:

Comments from participants (if same comment noted more than once, write the comment then list the number of times it was noted):

3. What other programs would you attend if offered?

Requests from participants (if same request is noted more than once, write the request then list the number of times it was noted):