

Participant Evaluation Form/Method

Provider Name: Alabama Department of Public Health

Title of Activity: Putting Insomnia to Sleep

Activity Date: April 17, 2025

The planning committee would like your opinion and comments on this educational activity. This will assist in planning future educational activities. Please leave the completed evaluation form with program personnel at the end of the activity.

QUALITY OF INSTRUCTION: (if multiple presenters, evaluate the following for each speaker/presenter individually)

Please check the following criteria when rating the following speaker: Presenters Name, Credentials Mohini Gunnett, MD	Excellent	Good	Fair	Poor
Knowledge of subject				
Organization and clarity of content				
Effectiveness of teaching methods				

	LEARNING OUTCOME(S): (Please evaluate each outcome) As a result of this activity, I will be able to:	Strongly Agree	Agree	Disagree	Strongly Disagree
1	Identify at least two potential behavioral interventions or CBT-i strategies needed to address challenges facing pediatric patients with insomnia.				
2	Indicate the ability to implement at least two interventions and strategies discussed in a more effective and/or practical manner in their clinic encounters for pediatric patients presenting with insomnia.				

As a result of this activity, please share at least one action you will take to change your professional practice/performance: _____

Were the presentation(s) free from commercial bias? ☐ Yes ☐ No

If **no**, please explain: _____

General comments about the program:

Suggestions for future program topics:

ADMINISTRATIVE ARRANGEMENTS:

Please check the administrative arrangements as satisfactory or unsatisfactory.	Satisfactory	Unsatisfactory
Promotional information provided adequate information		
Registration process was efficient		
Scheduling of the activity met my needs		

Thank you for coming.