

Participant Evaluation Form/Method

Provider Name: Alabama Department of Public Health

Title of Activity: Know the Signs; Find the Words; Answer the Call! A Suicide Awareness Toolkit

Activity Date: June 13, 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: Brent Hatcher, MBA/GM, SPHR, SHRM-SCP		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	Recognize warning signs and risk factors for individuals at risk for suicide.				
2	Describe which people groups are most impacted by suicide.				
3.	Name at least two suicide prevention resources that are available 24/7.				

Please check the following criteria when rating the following speaker: Presenters Name, Credentials: William Kennedy, LICSW		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	Recognize warning signs and risk factors for individuals at risk for suicide.				
2	Describe which people groups are most impacted by suicide.				
3.	Name at least two suicide prevention resources that are available 24/7.				

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.