

**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: "Communication in Home Care"  
June 28, 2012**

**Date Viewed** \_\_\_\_\_ (If you did not attend the live satellite)

**NAME:** \_\_\_\_\_ **AGENCY/COUNTY:** \_\_\_\_\_

**FACULTY:**

**LEGEND:**

<b>5 - Outstanding</b>	<b>4 - Above average</b>	<b>3 - Average</b>	<b>2 - Below average</b>	<b>1 - Unacceptable</b>
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Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Shirley Offutt	5	4	3	2	1
Becky Leavins	5	4	3	2	1
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!**