

**ALABAMA DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION**

**Satellite Conference**

Continuing Education Verification and Evaluation Form

**Perspectives on Suicide Prevention: What School Counselors Need to Know**

Tuesday, February 20, 2007

1:00 p.m. to 3:00 p.m. (Central Time)

The information you provide on this form will be used as a record and verification of your participation in this satellite broadcast for continuing education credit and issuance of a continuing education certificate from the Alabama Department of Mental Health and Mental Retardation. Please complete this form in its entirety and submit it as indicated at the bottom of the form. Please rate this program indicating your agreement with the following statements by placing a checkmark in the appropriate column.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>1. CONTENT/FORMAT/LEARNING</b>					
a. Program description was accurate	_____	_____	_____	_____	_____
b. I acquired new knowledge and/or skills.	_____	_____	_____	_____	_____
c. Objectives were met as stated.	_____	_____	_____	_____	_____
<b>2. INSTRUCTION</b>					
a. Presenters were well organized, prepared, and knowledgeable in content area	_____	_____	_____	_____	_____
b. Concepts were clearly explained	_____	_____	_____	_____	_____
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>3. LOGISTICS</b>					
a. Registration was smooth and efficient	_____	_____	_____	_____	_____
b. Access to training was adequate	_____	_____	_____	_____	_____
<b>4. OVERALL RATING</b>					
a. Program met or exceeded my expectations	_____	_____	_____	_____	_____
b. Program was relevant to my work	_____	_____	_____	_____	_____
c. The program challenged my thinking	_____	_____	_____	_____	_____

**COMMENTS**

NAME (type or print)

NAME OF ORGANIZATION

ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL ADDRESS

FAX:

SIGNATURE: \_\_\_\_\_

**Type of Continuing Education Credit Requested**

- Counseling
- Social Work
- Nursing License No. \_\_\_\_\_
- Psychology
- Drug/Alcohol Counseling
- Attendance Only

**MAIL THIS COMPLETED FORM TO:**

Alabama Department of Mental Health and Mental Retardation  
ATTENTION: Office of Staff Development  
RSA Union Building  
100 N. Union Street  
Montgomery, AL 36130

**Non-Alabama Participants must complete this form and include check in the amount of \$20.00 payable to the Alabama Department of Mental Health and Mental Retardation**