

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
Program Evaluation**

**Sleep Disorders
Date: Wednesday, September 8, 2010**

Participant Name: _____ SW _____ Other _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Available Subject Matter Expert: _____

Shade in the circle under the number you think best evaluates this educational offering using the following scale: 5=very useful; 4=useful; 3=average; 2=not useful; or 1=unacceptable.

5 4 3 2 1

Teaching Effectiveness of Presenter:

Course Objectives:

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in viewing: _____

I attest that I viewed at least 85% of this program: _____ Date viewed: _____

Participant's Signature

Note: The completed evaluation and sign-in sheet should be mailed to: Jacquetta Bruce, Bureau of Professional and Support Services, Alabama Department of Public Health, P.O. Box 303017, Montgomery, AL, 36130-3017 or fax to (334) 206-5663.