

WEBCAST OR TAPE

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HOME AND COMMUNITY SERVICES
Program Evaluation**

**Home Care Patients with Congestive Heart Failure and Chronic Obstructive Pulmonary Disease
February 7, 2007**

Participant Name: _____ HHA _____ HA _____ 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(s):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course Objectives:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Other education programs you would be interest in viewing: _____

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

Participant's Signature

Supervisor Signature: _____

NOTE: The completed evaluation and sign-in sheet should be mailed to: Debbie Buchanan, Bureau of Home and Community Services, Alabama Department of Public Health, The RSA Tower, Suite 1200, P.O. Box 303017, Montgomery, AL 36130-3017 or fax to (334) 206-7013.