

**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: "Depression in the Elderly"
May 6, 2009**

NAME: _____ **AGENCY/COUNTY:** _____

**FACULTY: Carolyn O'Bryan, LCSW, PIP
Barbara Davis, RPT**

LEGEND:					
5 - Outstanding	4 - Above average	3 - Average	2 - Below average	1 - Unacceptable	

Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Carolyn O'Bryan	5	4	3	2	1	
Barbara Davis		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:
THE RSA TOWER
BUREAU OF HOME & COMMUNITY SERVICES
Attn: **SHIRLEY OFFUTT**
201 Monroe St., Ste. 1200
Montgomery, AL 36104