ALABAMA DEPARTMENT OF PUBLIC HEALTH
Program Evaluation for Social Workers

Personal Safety Tips for Home Visits

Production Date: December 1, 2011,
Location: LCMS -On Demand PowerPoint Presentation

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

Teaching Effectiveness of Presenters: **5** **4** **3** **2** **1**

Course Objectives:

List one thing you will do differently because 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.