



CHW and CHW/CRS Webinar Evaluation Form

First Name: _____	Last Name: _____
Home Address: _____	
City: _____ State: _____ Zip Code: _____ County: _____	
Primary Phone: _____ Email Address: _____	
Are you currently employed?	
If yes, where: _____	
Position Title: _____	
Are you currently employed within a mental health or addiction related agency?	
Are you currently employed as a Community Health Worker?	

Date you viewed the webinar: _____

Title of webinar: _____

Name of organization sponsoring the webinar: _____

Length of webinar: _____

Name of speaker(s): _____

How did you hear about the webinar?

1. How does this particular topic assist you in your work as a Community Health Worker / Certified Recovery Specialist?

2. What was the most meaningful item you learned by participating in this webinar?

The webinar was well paced and clear

The speakers within the webinar were knowledgeable

I gained information that is relevant to my work as a
CHW / CRS

Overall I would rate the webinar

**FORM MUST BE COMPLETED IN ITS ENTIRETY, OTHERWISE YOU WILL NOT
RECEIVE YOUR CEU CREDIT**