



Missouri Coalition of Children's Agencies
213 East Capitol Avenue, Suite 101 ♦ Jefferson City, Missouri 65101
1-800-942-0326

Medication Certification Class Evaluation

Date of class given \_\_\_\_\_
Name of Instructor \_\_\_\_\_

Evaluate ability of Instructor:

Table with 5 columns: Question, Poor, (1-low, 5-high), Excellent, and a final column. Rows include: 1. Was instructor prepared, 2. Was instructor capable of presenting information clearly, 3. Were the goals & objectives clearly explained.

Content/Material:

Table with 5 columns: Question, 1, 2, 3, 4, 5. Rows include: 4. Was the material easy to understand, 5. Was the information useful to your job as a Child Care staff.

How do you think this course will help you do your job better?

Two horizontal lines for handwritten response.

What would you like to see added or deleted from this course.

One horizontal line for handwritten response.

Comments and suggestions:

One horizontal line for handwritten response.

One horizontal line for handwritten response.

NOTE: For instructor/agency use only – DO NOT MAIL TO MCCA