

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:

	(1-low, 5-high)				
	Poor			Excellent	
	1	2	3	4	5
1. Was instructor prepared	1	2	3	4	5
2. Was instructor capable of presenting information clearly	1	2	3	4	5
3. Were the goals & objectives clearly explained	1	2	3	4	5

Content/Material:

4. Was the material easy to understand	1	2	3	4	5
5. Was the information useful to your job as a Child Care staff	1	2	3	4	5

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

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

Comments and suggestions:

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