Medication Certification Class Evaluation

Date of class given_________________________________
Name of Instructor_________________________________

Evaluate ability of Instructor:

1. Was instructor prepared ___________________________________________
   Poor 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