

Medication Administration Training Course Evaluation Form

Please take a few moments to complete this evaluation form and hand it in at the end of the session. Thank you for your suggestions.

1. How much interest did you have in taking the course? *(Please circle one).*
 - a. No interest at all
 - b. some interest
 - c. strong interest
 - d. because it is required

2. How much medication administration knowledge did you have prior to taking the class?
 - a. No knowledge
 - b. some knowledge
 - c. average knowledge
 - d. very knowledgeable.

3. How much knowledge did you gain after you have taken the class?
 1. Some knowledge
 2. Average knowledge
 3. More than average
 4. Lots of knowledge.

On scale 1-4 (1=poor, 4=excellent) evaluate the followings:

4. How would you rate the class clarity and completeness?

1 2 3 4

5. How would you rate the instructor knowledge and ability to communication on the subject(s)?

1 2 3 4

6. How well did the program meet your expectation?

1 2 3 4

7. Tell us your suggestions, ideas or concerns that you may have in order to make the class a more pleasant teaching experience in the future.
