

# Program Evaluation

Please share your thoughts about our Poison Prevention Program!

Date of Program: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

1. Has your knowledge about poison prevention increased as a result of attending this program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Do you feel adequately prepared to handle a poisoning emergency as a result of attending this program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did this program meet your expectations? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Which area (s) were most helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. Which area (s) can be improved upon, and how?

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6. Please rate your instructor:

**(5= strong, 4= somewhat strong, 3= average, 2= somewhat weak, 1=weak)**

	Strong				Weak
Knowledge of Subject:	5	4	3	2	1
Clarity of Presentation:	5	4	3	2	1
Enthusiasm:	5	4	3	2	1
Ability to Answer Questions:	5	4	3	2	1
Speed of Presentation:	5	4	3	2	1

Comments/Suggestions: \_\_\_\_\_

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Thank you so much for your time!