



Minnesota Poison Control System

www.mnpoison.org

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, please explain:

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

Yes _____ No _____ If No, please explain

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

-OVER-



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4. Which area (s) were most helpful?

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

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: _____

Thank you so much for your time!