

# Asthma Information Packet Evaluation

Your feedback about these materials is very important to us and will help us improve and develop future resource materials.

1. Please complete BOTH sides of this form.
2. Please fax this form to (510-839-0339) or mail to:

California Childcare Health Program (Attn. Mimi Wolff)  
1333 Broadway, Suite 1010  
Oakland, CA 94612-1926

## Professional Information:

1. Occupation (please check one):

- Child care center director
- Child care center teacher/teacher's aide
- Family child care home director
- Family child care home teacher/teacher's aide
- Resource and referral agency staff person
- Other (please specify): \_\_\_\_\_

2. County where you work: \_\_\_\_\_

3. Number of young children (ages 0-5) you serve: \_\_\_\_\_

over →

## Feedback on the Asthma Information Packet:

Please circle the number that best represents your response to each statement.

	Strongly Agree	Mildly Agree	Neutral	Mildly Disagree	Strongly Disagree
1. The information in the packet is useful.	5	4	3	2	1
2. The materials adequately outline how to care for children with asthma in early care and education programs.	5	4	3	2	1
3. The information is well organized .	5	4	3	2	1
4. The information in the packet is easy to understand.	5	4	3	2	1
5. The materials improved my ability to care for children with asthma.	5	4	3	2	1
6. Overall, I would recommend these materials to other early care and education professionals.	5	4	3	2	1

7. What changes, if any, would you suggest for the handbook and DVD? Please explain.

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Thank you for completing this form.