

## PA Pediatric Asthma Toolkit Test & Evaluation

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Please complete and submit this Test and Evaluation Form to receive your certificate of completion and/or Act 48 credits for reviewing the Pediatric Asthma Toolkit. Thank you!

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department of Education Personal ID #: \_\_\_\_\_

Workplace: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Post Test Questions

**Please circle either True or False.**

1. The Pa. School Code was amended to include the possession and use of asthma inhalers by children of school age. **True** \_\_\_ **False** \_\_\_

2. The school nurse is the only school personnel who need to be aware of asthma symptoms and triggers. **True** \_\_\_ **False** \_\_\_

3. The flu is the leading cause of school absenteeism. **True** \_\_\_ **False** \_\_\_

**Please fill in each blank with your answer.**

4. The two types of asthma medications are: \_\_\_\_\_ and \_\_\_\_\_.

5. A peak flow meter measures what? \_\_\_\_\_.

**Please circle one of the letters below.**

6. An asthma-friendly school includes outreach, professional development, good communication, referral services, and a strong partnership among:

a. families      b. physicians      c. schools      d. a, b, and c

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## Evaluation

Please circle the appropriate response.

1. *The content was appropriate for my job responsibilities:*

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

2. *The materials within the PA Pediatric Asthma Toolkit are practical for use at my work:*

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

3. *I plan to use the PA Pediatric Asthma Toolkit in the future:*

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

4. *As a result of this Toolkit, I have a better understanding of the asthma resources available to me:*

**Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree**

5. *Who will you teach using this Toolkit? Check all that apply:*

<b>Administrative Staff</b> ____	<b>Support Staff</b> ____	<b>Teachers</b> ____
<b>Community Organizations</b> ____	<b>Students</b> ____	<b>Parents</b> ____
<b>Community Advocates</b> ____	<b>Physicians</b> ____	<b>Nurses</b> ____
<b>Schools</b> ____	<b>Children</b> ____	
<b>Other:</b> _____		

6. *How would you rate the overall quality of the PA Pediatric Asthma Toolkit?*

**Very Good      Good      Fair      Poor      Very Poor**

Please respond with complete statements.

7. *The **MOST** valuable part of this Toolkit was:*

8. *The **LEAST** valuable part of this Toolkit was:*

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*Additional comments or suggestions:*

Would you like to receive information on becoming a member of the Pennsylvania Asthma Partnership? **Yes** \_\_\_ **No** \_\_\_

**Please remember that any updates to the PA Pediatric Asthma Toolkit are available online at [www.PAasthma.org](http://www.PAasthma.org).**

Thank you for taking the time to complete this test and evaluation form. Your responses will directly influence the future content of the PA Pediatric Asthma Toolkit.

Return completed evaluations to: Karen Green, Asthma Control Program Manager  
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Harrisburg, PA 17120-0701

Updated: 11-11