



## SMC Training Evaluation Form

Trainer				Date				<input type="checkbox"/> TOT <input type="checkbox"/> New <input type="checkbox"/> Refresher	
State		LGA		Ward		Village			

**Circle the number which corresponds with your level of agreement to each statement.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. I know the aim of SMC.	5	4	3	2	1	
2. I know which children are eligible for SMC.	5	4	3	2	1	
3. I know which children are NOT eligible for SMC and why.	5	4	3	2	1	
4. I know the questions to ask the caregiver at the beginning of each cycle.	5	4	3	2	1	
5. I know which children should be referred to the health facility.	5	4	3	2	1	
6. I know how to give SPAQ safely to children 3 to 59 months.	5	4	3	2	1	
7. I know how to complete the SMC Tally Sheet correctly.	5	4	3	2	1	
8. I know how to complete the SMC Child Record Card correctly.	5	4	3	2	1	
9. The SMC Job Aid is easy to follow.	5	4	3	2	1	
10. I know how to complete the SMC End-of-Cycle Report.	5	4	3	2	1	N/A
11. There was enough time for all of the training activities.	5	4	3	2	1	
12. The Trainer(s) was prepared.	5	4	3	2	1	

13. What was easy for you to learn in this training?

14. What did you find difficult to learn in this training?

15. Do you have any other comments about this training?