**Pre-Assessment for Anaphylaxis Training**

Please rate the following statements using the number scale from 1 to 5

1 = strongly agree 2 = somewhat agree 3 = neither agree nor disagree

4 = somewhat disagree 5 = strongly disagree

I know the signs and symptoms of anaphylaxis.

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

I know how to initiate immediate treatment for anaphylaxis.

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

I know how to use an epinephrine auto-injector.

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

I am confident in using an epinephrine auto-injector.

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

I know about cross-contact and allergens.

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

I know how Section 504 pertains to students with allergies.

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

I am confident being responsible for the well-being of student with allergies.

 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5