Child Food Program of Texas
PO Box 5465 Katy, TX 77491
281.395.7000 | (f)281.395.7002

Time Management
TRAINING MODULE TEST

1 HR

Please print clearly

Date:

Name: _____ **Provider #:** *(if applicable)* _____

Center Name: _____ **Center #:** _____ *(3 digits)*

Address: _____

City: _____ **State:** _____ **Zip:** _____

Please fill out the test by hand.

1. Time management should be based on:

   a) schedule b) short list of priorities c) nap time d) activities for children

2. The purpose of a time audit is:

   a) show time-wasting activities b) emphasize time spent on activities not high on your priorities

   c) doing other people's work d) all of these

3. Devise a filing system for:

   a) magazines b) papers on desk c) evacuation routes d) phone numbers

4. When you plan at the end of the day for the next day:

   a) know what you want to accomplish b) schedule the day in 15 – 20 minute chunks

   c) clear desk before you lock up for the night d) all of these

5. Time when you are most energized and creative should be used for:

   a) routine tasks b) repairing broken items c) thoughtful analysis d) lunchtime

6. A planner for personal and professional activities should **NOT** include:

   a) daily to-do lists b) weekly tasks c) vacation d) multiple calendars

7. Routine phone calls should be made early in the morning.

   TRUE or FALSE

8. If equipment breaks, put it away in storage until it can be fixed.

   TRUE or FALSE

9. All tasks can be delegated.

   TRUE or FALSE

10. If it is too huge, work on it for 15 minutes at a time.

    TRUE or FALSE

Personal Priorities What is most important in YOUR life?

Personal Time Audit	
Time	**Any Day**

By signing and dating this form, you are agreeing that you have filled out this test to the best of your ability.

_____ *Signature*

_____ *Date*

Do not write below this line

DATE CREDIT IS ASSIGNED	PROGRAM REPRESENTATIVE	CREDIT HOURS