Safety Training Evaluation Form

CLASS TITLE: ___________________________ DATE: ________________

INSTRUCTOR: ___________________________ TIME: ________________

INSTRUCTOR RATING
In your opinion, please tell us if the trainer:

1. Demonstrated knowledge of subject matter. ___________________________
   Strongly Disagree | 2 | 3 | 4 | 5 | Strongly Agree

2. Provided appropriate feedback and answers. ___________________________
   1 | 2 | 3 | 4 | 5

3. Acted professionally and was prepared and organized. ___________________________
   1 | 2 | 3 | 4 | 5

4. Projected an enthusiastic and positive image. ___________________________
   1 | 2 | 3 | 4 | 5

DESIGN AND PRESENTATION

1. The way this course was delivered (such as classroom, computer, video) was an effective way for me to learn this subject matter. __________________________
   1 | 2 | 3 | 4 | 5

2. Student materials (handouts, workbooks, etc.) were useful. __________________________
   1 | 2 | 3 | 4 | 5

3. I had enough time to learn the subject matter covered in the course. __________________________
   1 | 2 | 3 | 4 | 5

4. The course content was organized and easy to follow. __________________________
   1 | 2 | 3 | 4 | 5

ADMINISTRATIVE CONCERNS

1. The facilities and equipment were favorable to learning. __________________________
   1 | 2 | 3 | 4 | 5

2. This course was made available to me when I needed it. __________________________
   1 | 2 | 3 | 4 | 5

3. I clearly understood the course objectives. __________________________
   1 | 2 | 3 | 4 | 5

4. The course met all of its stated objectives. __________________________
   1 | 2 | 3 | 4 | 5

PERCEIVED IMPACT

1. My knowledge and skills increased as a result of this course. __________________________
   1 | 2 | 3 | 4 | 5

2. Overall, I was satisfied with this course. __________________________
   1 | 2 | 3 | 4 | 5

What did you like most about this program?

What did you like least about this program?

Please share with us any additional comments or suggestions for other training.