

# SAFETY TRAINING EVALUATION



TRAINING:  
INSTRUCTOR:

DATE:  
TIME:

## INSTRUCTOR RATING

In your opinion, please tell us if the trainer:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1 Demonstrated knowledge of subject matter.	1	2	3	4	5
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
5 Overall, I was satisfied with the instructor(s).	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 Participant materials (handouts, workbooks, etc.) were useful during this course.	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 logically organized.	1	2	3	4	5

## ADMINISTRATIVE CONCERNS

1 I had the knowledge and/or skills required to start this course.	1	2	3	4	5
2 The facilities and equipment were favorable to learning.	1	2	3	4	5
3 I was able to take this course when I needed it..	1	2	3	4	5
4 I clearly understood the course objectives.	1	2	3	4	5
5 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 The knowledge and skills gained through this course are directly applicable to my job.	1	2	3	4	5
3 Overall, I was satisfied with this course.	1	2	3	4	5

## IF YOU NEED ADDITIONAL SPACE TO WRITE, PLEASE USE THE REVERSE OF THIS FORM.

How much of what you learned in this seminar do you expect to use? (circle one)

100%

75%

50%

Very Little

None

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 training.