

Safety Training Evaluation Form

CLASS TITLE: _____
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

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.

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