

Training Evaluation Form

Training Topic: _____

Date: _____ Trainer: _____

Location: _____

Instructions: Please use this form to help us improve the safety training. For each of the following items, circle the letter next to the answer that best describes your opinion. You may write in additional comments if you wish. Do not put your name on this form.

- 1. Was the training easy to understand?
 - a. Yes. I understood everything we talked about.
 - b. Mostly. I understood most of the things we talked about.
 - c. No. I did not understand the training.

Use this space to list anything that was hard to understand. If possible, let us know if there is anything we can do to make it easier to understand. _____

- 2. Did the training address the most important dangers related to the training topic?
 - a. Yes. It definitely included all of the most important dangers.
 - b. Mostly. It included nearly all of the most important dangers.
 - c. No. It left out many important issues.

Use this space to list any important dangers that should be added to the training. _____

- 3. Did the training describe all of the most important safety practices that workers should observe related to the training topic?
 - a. Yes. It definitely included all of the most important safety practices.
 - b. Mostly. It included nearly all of the most important safety practices.
 - c. No. It left out many important safety practices.

Use this space to list any important safety practices that should be added to the training. _____

- 4. Did you learn some important things today that you didn't know before?
 - a. Yes. I learned a lot of important new information.
 - b. Mostly. I learned some important new things
 - c. No. The information wasn't very important.
 - d. The information was important, but I already knew most of it.

Use this space to list anything you think we should add to the training. _____