



Date: _____

Evaluation Form

1. Overall, how would you rate this health and safety training session?
 excellent good adequate (O.K.) fair poor

Comments: _____

2. Were the teaching methods effective?
 yes no don't know

Comments: _____

3. Were the materials, hand-outs and/or activities useful?
 yes no don't know

Comments: _____

4. Will the information you received in the training program be useful on the job and/or in your health and safety work?
 yes no don't know

Comments: _____

5. What would have made this a better/more useful health and safety training program?

