



Grain Handling Safety Coalition – Train the Trainer Workshop Evaluation

Date: _____

Location: _____

Grain Handling Safety Coalition

All answers are completely anonymous. Your feedback helps us improve our sessions, thank you.

Please circle ONE choice and provide an explanation if you select "Other".

1. The MOST useful part of the training sessions was:

- a. Power point presentation
- b. Handouts and binder
- c. Information shared by instructors
- d. Demonstrations and/or group activities
- e. Other _____

2. The LEAST useful part of the training sessions was:

- a. Power point presentation
- b. Handouts and binder
- c. Information shared by instructors
- d. Demonstrations and/or group activities
- e. Other _____

3. I would like to see MORE:

- a. Pictures showing the hazards/corrections
- b. Animations/short video clips
- c. Group activities
- d. Group Discussion
- e. Other _____

4. I would like to see FEWER:

- a. Pictures showing the hazards/corrections
- b. Animations/short video clips
- c. Group activities
- d. Group Discussion
- e. Other _____

<i>Circle your level of agreement for each statement below, with 1 being Strongly Disagree and 4 being Strongly Agree.</i>	Strongly Disagree			Strongly Agree
1. I learned new material in today's sessions.	1	2	3	4
2. I felt the information for these training sessions was well organized.	1	2	3	4
3. I thought the amount of information presented was appropriate for the time period.	1	2	3	4
4. I was engaged throughout most of the training sessions.	1	2	3	4
5. I found these training sessions useful and would recommend it to others.	1	2	3	4
6. I am comfortable with my knowledge level to train others in these safety areas.	1	2	3	4
7. I was provided with a comprehensive curriculum and materials necessary to train others on these topics.	1	2	3	4
8. I was provided with the appropriate technical information to train others on the subject.	1	2	3	4
9. I intend to use some or all of this material to conduct a training session within the next 6 months.	1	2	3	4

Please complete the other side

Circle the ONE category that most closely resembles your current or most recent job duties.

Commercial Elevator Employee

Supervisor/Manager of Commercial Elevator

Farmer or farm worker with 11 or more employees

Farmer or farm worker with 10 or fewer employees

IL Farm Bureau Manager or Board Member

Safety Specialist/Coordinator/ Manager/ Director

Extension Educator

Vocational Ag Instructor

Rescue/Emergency Personnel (volunteer or paid)

Other: _____

I have been in this position _____ years.

Today's presentation included a variety of safe work practices. Circle ONE statement below which **MOST CLOSELY** resembles what you plan to do with this knowledge after you leave here.

Please remember this information is anonymous.

- A. I plan to increase the amount of safe work practices I follow in my daily work.
- B. I plan to decrease the amount of safe work practices I follow in my daily work.
- C. I would like to increase the amount of safe work practices I follow in my daily work but do not have the resources.
- D. I already follow most of the safe work practices shown in today's presentation on a daily basis.
- E. I do not follow most of the safe work practices shown and today's presentation will not change that.

Circle ONE answer for the following:

- 1. My first (native) language is: English Spanish Other
- 2. I am: Male Female
- 3. My Age is: Under 18 18 – 24 25 – 34 35 – 44 45 – 54 55 – 64 Over 64

Additional comments: