

Training Feedback Form

Course Title: **Fall Protection in Shipyards**

Date _____

Instructor: _____

Your Name (Optional): _____

Using the rating scale below, circle the number that you believe is the most accurate.

Rating Scale: 1= Poor 3 = Average 5 = Excellent

Trainer

Clarity of Presentation	1	2	3	4	5
Knowledge of Subject Matter	1	2	3	4	5
Encouraged Participation	1	2	3	4	5

Training Materials (Training Manual, Slides and Video)

Understandable	1	2	3	4	5
Well Organized	1	2	3	4	5
Professional Appearance	1	2	3	4	5

What Will You Do Differently Because of This Training?

What Other Comments or Suggestions Do You Have?

This material was produced under grant SH-27645-SH5 from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Government.