Participant Evaluation - Fall & Electrical Hazards

Date: ________________ Location: ______________________________ Instructor: ________________________

Course was during: ☐ Ag class ☐ School event ☐ 4-H, FFA, other club ☐ Community Event ☐ Other

Circle how much you agree with each statement below: 1 means Strongly Disagree and 4 means Strongly Agree.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. By the end of this session I could identify potential fall and electricity hazards.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>2. After attending this session I understand common safety strategies to prevent falls and electrical hazards.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>3. I feel I now have enough knowledge to speak with an employer about any concerns I have regarding fall or electrical hazards.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>4. I learned new material on fall and electrical hazards.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>5. I felt the information for this session was well organized.</td>
<td>1 2 3 4</td>
<td></td>
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<tr>
<td>6. I thought the amount of information given was good for the time period.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>7. I was interested throughout most of the session.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>8. I found this information useful and would recommend it to others.</td>
<td>1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

Comments: (Use back for additional space).

Circle ONE choice per question and provide an explanation if you select “Other”.

1. The MOST useful part of this session was:
   a. Power Point® presentation
   b. Handouts
   c. Information shared by instructors
   d. Demonstrations and/or group activities
   e. Other ____________________________

2. The LEAST useful part of this session was:
   a. Power Point® presentation
   b. Handouts
   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 ____________________________

PLEASE COMPLETE PAGE 2.
1. Where have you worked with or around grain? (Choose one answer below that best describes the type of setting).

☐ I have never worked around grain
☐ Family Farm (parent owns or manages)
☐ Other Farm with 10 or less workers
☐ Other Farm with 11 or more workers
☐ Harvest, Grain Wagon or other transport vehicle only
☐ Commercial Elevator or Coop
☐ In more than one of these settings
☐ Other ________________________________

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 work.

b. I plan to decrease the amount of safe work practices I follow in my work.

c. I would like to increase the amount of safe work practices I follow in my work but do not have the resources.

d. I already follow most of the safe work practices shown in today’s presentation when I am at work.

e. I do not follow most of the safe work practices shown and today’s presentation will not change that.

Check ONE answer for the following:

1. My first (native) language is ☐:English ☐ Spanish ☐ Other

2. I am: ☐ Male ☐ Female

3. My Age is: ☐ Under 12 ☐ 12-14 ☐ 14-15 ☐ 16-17 ☐ 18-20 ☐ 21 or Over

Please share any other thoughts or suggested changes here.

THANK YOU for completing this evaluation & your attendance today.