

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

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).

- | | |
|---|---|
| <input type="checkbox"/> I have never worked around grain | <input type="checkbox"/> Harvest, Grain Wagon or other transport vehicle only |
| <input type="checkbox"/> Family Farm (parent owns or manages) | <input type="checkbox"/> Commercial Elevator or Coop |
| <input type="checkbox"/> Other Farm with 10 or less workers | <input type="checkbox"/> In more than one of these settings |
| <input type="checkbox"/> Other Farm with 11 or more workers | <input type="checkbox"/> 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.

