



**Workforce Development Workplace Safety Program**

**Host Employers and Staffing Agencies Temp Worker Safety**

Date:

Location:

Trainer:

**What did you think about today's training session?**

<p><b>1. I understood what the speaker said.</b></p>	<p><b>Mark one:</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Yes</p>
<p><b>2. I learned useful information.</b></p>	<p><b>Mark one:</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Yes</p>
<p><b>3. I will tell others about what I learned.</b></p>	<p><b>Mark one:</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Yes</p>
<p><b>4. I am glad that I attended.</b></p>	<p><b>Mark one:</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Yes</p>

**Comments?**