

Training Feedback Form

Course Title: **Working In and Around Confined Spaces**

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?

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