

EVALUATION

Date of Training: _____ Name of the Trainer: _____

Welcome!

Please take a few minutes to complete this form. We use the information provided by you to improve the training.

Please read the statements below and circle the number that applies to you.

- 1= No, I know little about this
- 2= I know a little, but I need to know more
- 3= I know enough to get by
- 4= I am confident or know my abilities
- 5= I am almost an expert

YOUR UNDERSTANDING BEFORE THE TRAINING

QUESTIONS	ANSWERS
I know how to recognize the symptoms of heat stress.	1 2 3 4 5
I know the risks of heat stress.	1 2 3 4 5
I know how to prevent heat stress.	1 2 3 4 5
I know what to do if a coworker or I get sick from heat stress.	1 2 3 4 5
I know the law in regards to heat stress.	1 2 3 4 5
I know where to obtain more information regarding heat stress.	1 2 3 4 5

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Do you work outside, under the sun?

Are you an employer or supervisor?

Please let us know how we can improve our brochures?

How can we improve the presentation or videos?

What can the trainer do to make the training more efficient?

Anything else you would like us to know?

Thank you!