| INSTRUCTOR: | | |
|--|--|--|
| DATE: | LOCATION: | |
| He | ealth and Safety Training for Tree Care and Landscape Workers Evaluation | |
| Topi | Topics Covered: PPE, First Aid, Equipment Guarding, Work Zone Safety, Fall Protection, and Worker's Rights. | |
| In you | r view, what is the strength of this program? | |
| In your view, what is the weakness of this program? Do you feel that this instructor was easy to understand and knowledgeable about the subject matter? | | |
| = | | |
| B. C. D. E. Did yo A. B. C. | Strongly agree Agree Neutral Disagree Strongly Disagree ou feel that the setting for the class was suitable? Strongly agree Agree Neutral Disagree | |
| | Strongly Disagree ne materials suitable for the training? YES/NO | |
| | te teaching methods effective? YES/NO | |
| Please | e share your overall evaluation: | |
| В. С. | I would recommend it enthusiastically. I would recommend it. Let us never speak of it again. thoughts and ideas for improving the class: | |