Date of session:

Instructor:

•	Participant Reaction Survey—Fall Prevention Safety Training In your view, what were the three most important strengths of the program? 1. 2. 3.
•	In your view, what were the three most important weakness of the program? 1. 2. 3.
•	Please evaluate the technical level of this training A. It was too technical for such a short time B. It should have been more technical C. It was at the right technical level
•	The course material has been A. Totally new to me B. Mostly new to me C. Somewhat new to me D. I knew most of it before
•	The instructor's contribution to the training process was valuable. A. Strongly agree B. Agree C. Neutral D. Disagree E. Strongly disagree
•	Were the materials, hand-outs and/or activities useful? Yes No Don't know
•	Were the teaching methods effective? Yes No Don't know
•	Please share with us your overall evaluation of this training A. I would recommend this training enthusiastically to others in my workplace B. I would recommend this training to others in my workplace C. I would not recommend this training to others in my workplace
	Any other comments?

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