

**Modules:**  
**Infection Prevention, Musculoskeletal Safety and Workers' Rights and Responsibilities**

**Trainer Evaluation:**

**Name of Trainer:** \_\_\_\_\_

1. Rate Trainer's knowledge of the subject matter

Excellent	Good	Poor
10	5	0

2. Rate Trainer's presentation skills

Excellent	Good	Poor
10	5	0

**Overall Session Evaluation:**

1. Rate overall session

Excellent	Good	Poor
10	5	0

2. Rate overall usefulness of content

Highly Useful	Useful	Not Useful
10	5	0

3. Rate slideshow presentation content

Excellent	Good	Poor
10	5	0

Rate usefulness of handouts

Highly Useful	Useful	Not Useful
10	5	0

4. Do you feel the training can support your work?

Yes	Maybe or I don't know yet	No
10	5	0

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Do you feel this training served your personal and/or professional needs? Explain how or how not...

What might have been done better or differently?

Do you need additional information? Please describe here, including your contact information if your request requires that a staff person call or write you.

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