Susan Harwood Training Grant Program
NYCOSH Training

Topic of Training: ____________________________________________ Date: __________

Trainer #1: ____________________________ Time (from – to): __________

Trainer #2: ____________________________ Location: ____________________________

Training Course Evaluation

1. Please rate the quality of this training by circling one of the numbers below:

<table>
<thead>
<tr>
<th>AGREE STRONGLY</th>
<th>DISAGREE STRONGLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

This training provided me with valuable information

The trainers presented the information clearly

The trainers demonstrated knowledge of the topic

I can use the information or skills I learned in this training

2. Please answer these questions to help us improve this training program:

What did you like about this training?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What could be done to improve this training?
___________________________________________________________________________
___________________________________________________________________________
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