

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:

	AGREE STRONGLY			DISAGREE STRONGLY	
	1	2	3	4	5
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?
