

# Student Evaluation Form

## Traffic Control Inside the Construction Site

INSTRUCTOR: \_\_\_\_\_ Class Date: \_\_\_\_\_

	RATING SCALE			
	Poor	Fair	Good	Excellent
<b>The Training Program:</b>				
• Purpose of class and work applications are clear				
• Participant material – useful and easy to follow				
• My skills will be improved by class experience				
• I have learned or reinforced information important to safety				
<b>The Instructor:</b>				
• Presentation—clear, interesting and understandable, uses good examples				
• Organization—comfortable flow of information and use of materials				
• Facilitation—promotes questions, interaction, enthusiasm, maintains eye contact				
• Exercises are helpful and reinforce learning				
<b>Overall Rating of the Course and Instruction:</b>				

### HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Website	<input type="checkbox"/> Facebook
<input type="checkbox"/> Company / Co-Worker	<input type="checkbox"/> ESC Newsletter

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### COMMENTS:


Company Name: \_\_\_\_\_ Your Name \_\_\_\_\_  
(optional)

Phone (Optional) : \_\_\_\_\_ Email (optional): \_\_\_\_\_