

## Training Evaluation-Construction Confined Spaces

Please use CAPITAL LETTERS ONLY with Black or Blue ink.

Instructor Name			I	Date		
City/State (i.e. NY, NJ)						_
Course Evaluation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. Learning objectives for the course and lessons were clearly explained in advance	-	0	0	0	Õ	0
2. Goals and objectives of this course were useful for r learning needs	ny O	0	0	0	0	0
3. The activities were well integrated into the course	0	0	0	0	0	0
4. Course content was relevant to my job	0	0	0	0	0	0
5. Course content matched the course objectives	0	0	0	0	0	0
6. Course format and content encouraged critical think decision making and problem solving skills	<sub>ing,</sub> O	0	Ο	0	0	0
7. Training materials relate to the learning objectives	0	0	0	0	0	0
8. Resources from the course will be helpful as I work my job		0	0	0	0	0
Subject Area	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
<ol> <li>The section on rights and responsibilities met my training needs</li> </ol>	0	0	0	0	O	0
2.The section on construction confined spaces was well prepared	0	0	0	0	0	0
3. The presentation on construction confined spaces was effective and informative	0	0	0	0	0	0
4. The group exercises and case studies were effective and met my training needs.	0	0	0	0	0	0
Instructor Evaluation						
1. Instructor used clear and relevant examples to explaideas	in O	0	0	0	0	0
2. Instructor encouraged student participation	0	0	0	0	0	0
3. Instructor answered student questions satisfactorily Comments:	0	0	0	0	0	0
4. Instructor facilitated discussions effectively	0	0	0	0	0	0
<b>Comments</b> (if more space is needed please use back o	f the form):					

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