

Evaluation Form Level 1

Date: _____ Topic: Confined Spaces
Company's name: _____
Training location: _____
Trainee: a) Worker b) Employer Trainer: _____

1. Was the training interactive?
a) Yes b) No

2. What were the strengths of the training?
a) Relevant information
b) Comprehensive
c) Educative
d) Other _____

3. What were the weaknesses of the training?
a) Little information
b) Too quick
c) Boring
d) Other _____

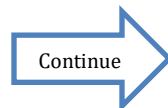
4. Please evaluate the technical level of this training
a) It was too technical for such a short time
b) It should have been more technical
c) It was at the right technical level

5. The course material has been
a) Totally new to me
b) Mostly new to me
c) Somewhat new to me
d) I knew most of it before

6. The instructor's contribution to the training process was valuable.
a) Strongly agree
b) Agree
c) Neutral
d) Disagree
e) Strongly disagree

7. Did the instructor demonstrate a good understanding of the material?
a) Yes b) No

8. Was the instructor well-prepared for the session?
a) Yes b) No



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9. Was the instructor able to answer all the questions?
 - a) Yes
 - b) No
10. Were the materials, hand-outs and/or activities useful?
 - a) Yes
 - b) No
 - c) Don't know
11. Were the teaching methods effective?
 - a) Yes
 - b) No
 - c) Don't know
12. Was the training place appropriate for the trainees?
 - a) Yes
 - b) No
13. Please share with us your overall evaluation of this training
 - a) I would recommend this training enthusiastically to others in my workplace
 - b) I would recommend this training to others in my workplace
 - c) I would not recommend this training to others in my workplace
14. How do you think the training could be improved?