**EVALUATION FORM**

**INSTRUCTOR**_____________________________  **DATE**________________________

**LOCATION**_____________________________  **TIME**________________________

We appreciate your feedback, please take a few minutes to complete this form.

Check the appropriate box, where **1 indicates no agreement and 5 indicates strong agreement.**

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**TOPICS**

1. Topics present are relevant to my daily tasks
2. The topic discussion aids to understand the importance of regulations associated with respiratory protection
3. The information presented will help maintain a safe work environment
4. The information discussed is useful outside the work site.
5. Would you recommend this training to others?

**PRESENTATION**

1. The demonstrations helped to understand the topic at hand
2. Concepts were presented in an organized way
3. The slides and illustrations are easy to read
4. The time distribution per subject was adequate
5. The practical exercises helped to understand the topic

**INSTRUCTOR**

1. Is knowledgeable of subject matter
2. Discussed topic in a clear and easy to understand manner
3. Answered questions clearly and politely
4. Allowed group participation
5. Used appropriate examples to explain key concepts

**PLEASE, use this space for comments or suggestions regarding this training. THANKS**