

# Session Evaluation Directions



Grain Handling Safety Coalition

**Purpose:** The evaluation provides anonymous feedback on the participants' satisfaction with the training session.

Each participant will complete **one (1)** evaluation for each training module at the end of the session. When presenting multiple training modules use the All Day Session Evaluation form. **Completed evaluations are sent back to the Grain Handling Safety Coalition as instructed below.**

1. Leave 5 -10 minutes at the end of the session for people to complete the session evaluation (and post-questionnaire).
  - Generally, it is best to hand-out the evaluation (and post-questionnaire) before presenting either the last section or the summary.
  - See the instructions for the post-questionnaire.
  - Participants are not asked for their names on the evaluation, although some may choose to include it.
2. When passing out the evaluation say ***"Your feedback is important to us. Your answers are anonymous and only used to help us improve these sessions. We encourage you to write comments, either on this session or what you would like to see, so we can continue to respond to your training needs."***
3. Make sure everyone has a pen or pencil.
  - It is helpful to have extra writing utensils available as participants may lose them during the session.
4. Observe how quickly the audience is finishing. When it appears the majority are done say "Let's take just another minute to finish up."
5. Collect the evaluations (and post-questionnaires).
6. **NOTE:** The evaluation generally takes participants 5 minutes or less to complete.
7. Please return completed evaluations – electronic or hard copy – to:

Dr. Salah Issa  
University of Illinois – ACES  
1304 Pennsylvania Avenue  
Urbana, IL 61801  
[salah01@illinois.edu](mailto:salah01@illinois.edu)  
office: 217- 333-9417

**Thank you for taking the time to administer and return these evaluations!**

# Cold Weather Training Session Evaluation



Grain Handling Safety Coalition

Thank you for your feedback and attendance today!

Date: \_\_\_\_\_ Location: \_\_\_\_\_

<i>Circle your level of agreement for each statement below.</i>	Presenter:	Strongly Disagree		Strongly Agree	
	_____	1	2	3	4
1. I learned something new in today's session on near misses safety program.		1	2	3	4
2. I felt the information for this training session was well organized.		1	2	3	4
3. I thought the amount of information presented was appropriate for the time period.		1	2	3	4
4. I was engaged throughout most of the training session.		1	2	3	4
5. I found this training session useful and would recommend it to others.		1	2	3	4

**Circle one choice below and provide an explanation if you select "Other".**

<p>1. The MOST useful part of this training session was:</p> <ul style="list-style-type: none"> <li>a. Power Point presentation</li> <li>b. Handouts</li> <li>c. Information shared by instructors</li> <li>d. Demonstrations and/or group activities</li> <li>e. Other: _____</li> </ul> <p>I would like more: _____</p>	<p>2. The LEAST useful part of this training session was:</p> <ul style="list-style-type: none"> <li>a. Power Point presentation</li> <li>b. Handouts</li> <li>c. Information shared by instructors</li> <li>d. Demonstrations and/or group activities</li> <li>e. Other: _____</li> </ul> <p>I would like less: _____</p>
---	--

All information provided is anonymous. Your responses are not shared with others. Aggregate data is used for program improvement and to provide information about the program. Example: 65% of training participants are under age 55.

Current Position: \_\_\_\_\_ # of years in this or similar position: \_\_\_\_\_

Are you a manager or supervisor? YES NO Are you a student? High School College Grad/PhD

**Circle one category that most closely resembles your current or most recent job duties.**

Ag Educator: High School College Adult Other	Commercial Grain Elevator, Milling or Feed Mill Facility
Farm Manager/Worker: ≤10 employees ≥11 employees	Other Agribusiness – Agronomy, Fertilizer, etc.
Rescue/Emergency Personnel (volunteer or paid)	Safety Specialist/Coordinator/Manager/Director
Temporary, H2A, migrant worker	Other: _____

Language Preferred: English Spanish Other: \_\_\_\_\_ Gender: Female Male Self-Identify Prefer not to Answer

Age: Under 18 years 18-24 years 25-34 years 35-44 years 45-54 years 55-64 years Over 64

Today's presentation included a variety of safe work practices. **Circle ONE statement below which MOST CLOSELY resembles what you plan to do with this knowledge after you leave here.** Remember this information is anonymous.

- a. I plan to **increase** the amount of safe work practices I follow in my daily work.
- b. I plan to **decrease** the amount of safe work practices I follow in my daily work.
- c. I would like to increase the amount of safe work practices I follow in my daily work but **do not have the resources**.
- d. I **already follow most** of the safe work practices shown in today's presentation on a daily basis.
- e. I **do not follow most** of the safe work practices shown and today's presentation will not change that.

**Please share any other thoughts on this training session or suggested changes on the other side.**