

**SAFETY TRAINING SESSION EVALUATION**

**Training session title:** \_\_\_\_\_

**Training session presenter:** \_\_\_\_\_

**Training session date:** \_\_\_\_\_

**Training medium used (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Slides         | <input type="checkbox"/> Hands-on Demonstrations |
| <input type="checkbox"/> Transparencies | <input type="checkbox"/> Interactive format      |
| <input type="checkbox"/> Video          | <input type="checkbox"/> Jeopardy format         |
| <input type="checkbox"/> Lecture        | <input type="checkbox"/> WebCT                   |

**On a scale of 1 to 5, how would you rate this session on the following? (1 being low and 5 being high)**

- Content
- Presentation
- Level of interest

**Please indicate any positive suggestions as to how to improve this session:**

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**How did you learn about this session? (UpDate, Web page, Safety Committee, etc.)**

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**Would you choose to attend this session again for retraining?  Yes  No**

**Name (optional):** \_\_\_\_\_

**Please return this form by campus mail to DOHS, 132 General Services Building**