

# Training Feedback Form

Course Title: Shipyard Machinery and Power Tool Safety

Date \_\_\_\_\_

Instructor: \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

Using the rating scale below, circle the number that you believe is the most accurate.

Rating Scale: 1= Poor      3 = Average      5 = Excellent

## Trainer

Clarity of Presentation	1	2	3	4	5
Knowledge of Subject Matter	1	2	3	4	5
Encouraged Participation	1	2	3	4	5

## Training Materials (Training Manual, Slides and Video)

Understandable	1	2	3	4	5
Well Organized	1	2	3	4	5
Professional Appearance	1	2	3	4	5

What Will You Do Differently Because of This Training?

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What Other Comments or Suggestions Do You Have?

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