

Chemical Safety and Hazard Communication - Training Evaluation

Name (Optional): _____ **Date:** _____

Please circle the best answer: a sliding scale, 5 is the highest, 1 is not good

	Poor Excellent				
1. Overall quality of the training	1	2	3	4	5
2. Participants involvement and interaction	1	2	3	4	5
3. Value of information	1	2	3	4	5
4. Facilitator _____'s training skills/ability					
a. How prepared was she with the material?	1	2	3	4	5
c. Is the pace right?	1	2	3	4	5
d. Did she ask relevant questions related to the participant's experience?	1	2	3	4	5
Facilitator _____'s training skills/ability					
a. How prepared was she with the material?	1	2	3	4	5
b. Ability to deliver the main points	1	2	3	4	5
c. Is the pace right?	1	2	3	4	5
d. Did she ask relevant questions related to the participant's experience?	1	2	3	4	5
5. Training location & time	1	2	3	4	5

6. What did you most enjoy about the training? Please state briefly.

7. What did you least like about the training? Please state briefly.

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