SAFETY TRAINING SESSION EVALUATION

Training session title:  __________________________________________

Training session presenter:  ______________________________________

Training session date:  __________________________________________

Training medium used (check all that apply):

____ Slides        ____ Hands-on Demonstrations
____ Transparencies  ____ Interactive format
____ Video          ____ Jeopardy format
____ Lecture        ____ 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________

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