Appendix

**9015**

**Training Evaluation Questionnaire**

**Safety Training Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Did the training meet its stated objectives?**

**■** Not at all **■** Somewhat **■** Very much

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**2. What important information was left out?**

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**3. Was the topic relevant to your job?**

**■** Not at all **■** Somewhat **■** Very much

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**4. What could have made it more relevant?**

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**5. Was the presentation interesting?**

**■** Not at all **■** Somewhat **■** Very much

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**6. What could have made it more interesting?**

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**7. Do you expect to be able to apply what you learned on the job?**

**■** Not at all **■** Somewhat **■** Very much

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**8. Do you feel you have mastered the content of the meeting?**

**■** Not at all **■** Somewhat **■** Very much

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**9. How was the meeting length?**

**■** Too Brief **■** Just Right **■** Too Long

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**10. Do you think training sessions are:**

**■** Not Frequent Enough **■** Just Right **■** Too Frequent

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**11. Do you have any suggestions for topics for future meetings?**

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