

TONY MAZZOCCHI CENTER

Evaluation Form

Date: _____

1. Overall, how would you rate this health and safety training session?

excellent good adequate fair poor

Comments: _____

2. Were the teaching methods effective?

yes no don't know

Comments: _____

3. Were the materials, handouts and/or activities useful?

yes no don't know

Comments: _____

4. Will the information you received in the training program be useful at your job or in your health and safety work?

yes no don't know

Comments: _____

5. What would have made this a better/more useful health and safety training program?
