First Responder Safety Training Evaluation Form

Workshop Name: _____

Training Location: _____

Participant Name (optional): _____

Date: _____

Job Title: _____

Years in present position: <1   1-3   3-5   5+

INSTRUCTIONS

Please circle your response to the questions. Rate aspects of the workshop on the following scale:

1= "Strongly disagree," the lowest, most negative impression
3= "Neither agree nor disagree," an adequate impression
5= "Strongly agree," the highest, most positive impression
N/A= "Not applicable," this item is not relevant to this workshop

Thank you for your time. Your feedback is greatly appreciated!

Sufficient time was provided to cover the material.	1	2	3	4	5	N/A
The content of the workshop was relevant to my career.	1	2	3	4	5	N/A
The instructor answered questions clearly and thoroughly.	1	2	3	4	5	N/A
The instructor was knowledgeable on the subject matter.	1	2	3	4	5	N/A
The instructor was helpful.	1	2	3	4	5	N/A

	NOW, at the end of the workshop	BEFORE the workshop
I feel confident in my understanding of the subject.	1 2 3 4 5 N/A	1 2 3 4 5 N/A
I feel confident in my ability to demonstrate my understanding of the subject.	1 2 3 4 5 N/A	1 2 3 4 5 N/A

Which one of the following BEST describes the reason you took this workshop?
- ☐ Needed for instructional class
- ☐ Improve job skills
- ☐ Personal interest
- ☐ Other (please specify):

_____

The difficulty level of this workshop was:
☐ Too Easy   ☐ Just Right   ☐ Too Difficult

In comparison to other workshops you have attended, how much did you learn in this workshop?
☐Less Than   ☐About the same   ☐More Than   ☐N/A

Please rate the following:

Presentation content quality:
☐Excellent   ☐Good   ☐Fair   ☐Poor
Comments:

_____

Workshop site/ facility:
☐Excellent   ☐Good   ☐Fair   ☐Poor
Comments:

_____

Workshop materials/handouts:
☐Excellent   ☐Good   ☐Fair   ☐Poor
Comments:

_____

Suggestions for workshop improvements:

_____
_____

What is least valuable about this workshop?

_____
_____

What is most valuable about this workshop?:

_____
_____