

Evaluation Form

Instructor's Name(s): _____ Date: _____
 Participant Name: _____ Length of Session: _____
 (optional) _____

Please use the reverse side of this evaluation if you require additional space for your comments.

Rate yourself for each of the questions below:	Prior to the session (1 low; 5 high)	After the session (1 low; 5 high)
I understand the role of the fit tester in a Respiratory Protection Program	1 2 3 4 5	1 2 3 4 5
I know how to present the required Orientation	1 2 3 4 5	1 2 3 4 5
I know how to use the required Respiratory User Screening Form	1 2 3 4 5	1 2 3 4 5
I know how to conduct qualitative fit testing	1 2 3 4 5	1 2 3 4 5
I know how to conduct quantitative fit testing	1 2 3 4 5	1 2 3 4 5
I know how to teach donning and doffing principles	1 2 3 4 5	1 2 3 4 5

Rate the instructor for each of the questions below:	
Appeared well prepared to deliver the course.	1 2 3 4 5
Demonstrated a thorough knowledge of the subject matter.	1 2 3 4 5
Responded effectively to questions and challenges.	1 2 3 4 5
Held my attention throughout the course.	1 2 3 4 5
Was/were responsive to participant ideas and concerns.	1 2 3 4 5
Presented course material at a comfortable pace.	1 2 3 4 5
What other comments do you have about the instructor:	

Rate the training environment:	
Room was favorable to learning.	1 2 3 4 5
What other comments do you have about the room:	

Describe one new skill that you will begin to use when fit testing:

What did you find most important or most helpful during this session?

If you could change one thing about this session, what would it be?

In your workplace, what specific OH&S concerns are you aware of?

please continue to the next page

Split Classroom (online theory and required classroom training)

If you completed the online portion prior to the classroom, please complete the following questions to assist SASWH in evaluating this approach to learning.

Demographics: Male Female Age: 18-25 26-40 40+

Course Materials and Content

- I was able to print/download and complete the document for classroom training
- The course content was understandable and presented clearly
- The *Test My Knowledge* activities assisted with retention of course information

Computer Knowledge

- I understand computers and had no challenges completing the course
- I understand computers and still had challenges completing the course
- I have limited understanding of computers but had no challenges completing the course
- I have limited understanding of computers that contributed to challenges with completing the course

Please provide additional comments:

Online & Classroom Timing

Length of time between completing the online portion and then attending a classroom session

- 1-2 weeks 3-4 weeks 4-6 weeks +6 weeks - please indicate _____ weeks
- I was able to retain information from the online course to aide in my learning during the classroom portion.
- I was not able to retain enough information from the online course to effectively utilize during the classroom portion.

Please provide additional comments:

If you were to complete this course again, what would be your preference?

- online and then classroom attend a full classroom session

Why?

Your comments count – they will be reviewed by SASWH and used to enhance this program to ensure learning outcomes are met.

Thank you for completing this evaluation form.

Anonymity and confidentiality will be protected.