

Please check the applicable session: Basic Intermediate Advanced

Check one: initial training re-evaluation

PART Certified

Trainer Name(s): _____

Date: _____

Participant Name:
(optional) _____

Length of
Session: _____

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 my rights under occupational health and safety legislation	1 2 3 4 5	1 2 3 4 5
I understand accountability	1 2 3 4 5	1 2 3 4 5
I understand why individuals are acting out	1 2 3 4 5	1 2 3 4 5
I understand how my attitude may aggravate situation	1 2 3 4 5	1 2 3 4 5
I am physically and mentally prepared to work with potentially assaultive individuals	1 2 3 4 5	1 2 3 4 5
I know the importance of effective communication to assist with de-escalating an assaultive situation	1 2 3 4 5	1 2 3 4 5
I have a self-control plan	1 2 3 4 5	1 2 3 4 5
I know how I respond in a crisis situation	1 2 3 4 5	1 2 3 4 5
I am able to identify why an individual may be assaultive	1 2 3 4 5	1 2 3 4 5
I am aware of the appropriate response to an assaultive individual	1 2 3 4 5	1 2 3 4 5
I understand the importance of proper documentation	1 2 3 4 5	1 2 3 4 5
Intermediate Program:		
I understand the principles of evasion	1 2 3 4 5	1 2 3 4 5
I am able to effectively use the breakaway/evasion techniques in Intermediate	1 2 3 4 5	1 2 3 4 5
Advanced Program:		
I understand the principles of manual restraint	1 2 3 4 5	1 2 3 4 5
I am able to effectively use the manual restraint techniques in Advanced	1 2 3 4 5	1 2 3 4 5

Describe one new skill that you will begin to use as soon as you return to your job:

How did your PART trainer help you the most?

In what way could your PART trainer improve the session?

Your comments count – they will be reviewed by the PART certified trainer and may be provided to SASWH for consideration. *Thank you* for completing this evaluation form.