

SMART Evaluation Form

Train the Trainer, Trainer Re-	certif	fic	at	ior	1						
Please check the applicable session: [] Initial TTT or [] Tra	ine	r R	e-ce	ertifica	atio	n				
Instructor(s):	_ Date	э:	-								
Name:											
Please use the reverse side of this evaluation if you require addition	onal spa	ace	for	yo	ur coi	mm	ents				
Rate yourself for each of the questions below	Before the session (1 low; 5 high)						After the session (1 low; 5 high)				
Accountability and Legislation											
I understand accountability and legislation	1	2	3	4	5		1	2	3	4 5	
I know how to teach accountability and legislation	1	2	3	4	5		1	2	3	4 5	
Safe Posture and Safe Body Mechanics											
I understand safe posture and safe body mechanics	1	2	3	4	5	\Box	1	2	3	4 5	
I know how to teach safe posture and safe body mechanics	1	2	3	4	5		1	2	3	4 5	
Risk Assessment - self, environment, equipment, object/task											
I understand risk assessment	1	2	3	4	5	\Box	1	2	3	4 5	
I know how to teach risk assessment	1	2	3	4	5		1		3	4 5	
General (object) Moving Techniques											
 I understand safe object moving techniques 	1	2	3	4	5	\Box	1	2	3	4 5	
I know how to teach safe object moving techniques	1	2	3	4	5		1	2	3	4 5	
Documentation, Communication											
I understand how to properly document and communicate	1	2	3	4	5	\Box	1	2	3	4 5	
I am able to teach proper documentation and communication	1			4		l	1			4 5	
Rate the SMART instructor for each of the questions below:						(1	low	; 5 ł	nigl	h)	
Appeared well prepared to deliver the course.								3 4			
Demonstrated a thorough knowledge of the subject matter.								3 4			
Responded effectively to questions and challenges.								3 4			
Held my attention throughout the course.								3 4			
Was/were responsive to participant ideas and concerns.								3 4			
Presented course material at a comfortable pace.						1	2 :	3 4	1 5	5	
What other comments do you have about the SMART instructor?											
Rate the training environment:							ow;				
Room was favorable to learning.						1	2	3 4	1 5)	
What other comments do you have about the room?											
Describe one new skill that you will begin to use as soon as you re	eturn to	yo	ur j	ob:							
What did you find most important or most helpful during this session	on?										



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If you could change one thing about this session, what would it be?							
SMART 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 your SMART instructor and may also be shared with SASWH. Your comments help to enhance this program to ensure learning outcomes are met.

Thank you for completing this evaluation form. Anonymity and confidentiality will be protected.