

# TLR EMS General Participant Session Evaluation Form



Please check the applicable level:     initial training    or     re-evaluation

TLR EMS Trainer

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
(optional)

Length of Session: \_\_\_\_\_

Rate yourself for each of the statements below:	Before the session (1 low; 5 high)	After the session (1 low; 5 high)
I understand my legislated rights and responsibilities	1 2 3 4 5	1 2 3 4 5
I use good posture and safe body mechanics	1 2 3 4 5	1 2 3 4 5
I am able to complete a self-risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to complete an environment risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to complete an equipment risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to complete an object & task risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to perform safe object moving techniques	1 2 3 4 5	1 2 3 4 5
<b>for patient moving:</b>		
I am able to complete a patient mobility risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to perform safe patient moving techniques	1 2 3 4 5	1 2 3 4 5

Rate the TLR EMS trainer for each of the questions below:	(1 low; 5 high)
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 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 TLR EMS trainer?	

Rate the training environment:	(1 low; 5 high)
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 as soon as you return to your job:

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

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

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In your workplace, what specific occupational health and safety concerns are you aware of?

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**TLR EMS 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?


*Thank you* for completing this evaluation form.

Anonymity and confidentiality will be protected.