TLR General Participant Session Evaluation Form

Please check the applicable session: [ ] client moving   or   [ ] object moving
Please check the applicable level: [ ] initial training   or   [ ] re-evaluation

TLR Trainer
Name(s): _____   Date: _____
Participant Name: _____   Length of
(optional)   Session: _____

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

Rate yourself for each of the statements below:	Prior to 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
for client care:		
I am able to complete a client mobility risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to perform safe client moving techniques	1 2 3 4 5	1 2 3 4 5

Rate the TLR 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/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 TLR 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:

_____

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 occupational health and safety concerns are you aware of?

TLR 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.