**Train the Trainer, Trainer Re-certification**

Please check the applicable session: [ ] Initial TTT or [ ] Trainer Re-certification

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| Instructor(s): | |  | | Date: |  |
| Name: |  | |  |  |  |

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

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| **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 |
| Good Posture and Safe Body Mechanics | | |
| * I understand good posture and safe body mechanics | 1 2 3 4 5 | 1 2 3 4 5 |
| * I know how to teach good 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 | 1 2 3 4 5 |
| * I know how to teach risk assessment | 1 2 3 4 5 | 1 2 3 4 5 |
| General (object) Moving Techniques | | |
| * I understand safe object moving techniques | 1 2 3 4 5 | 1 2 3 4 5 |
| * I know how to teach safe object moving techniques | 1 2 3 4 5 | 1 2 3 4 5 |
| Risk Assessment - client mobility | | |
| * I understand client mobility risk assessments | 1 2 3 4 5 | 1 2 3 4 5 |
| * I know how to teach the client mobility risk assessment | 1 2 3 4 5 | 1 2 3 4 5 |
| Client Moving Techniques | | |
| * I understand safe client moving techniques | 1 2 3 4 5 | 1 2 3 4 5 |
| * I know how to teach safe client 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 | 1 2 3 4 5 |
| * I am able to teach proper documentation and communication | 1 2 3 4 5 | 1 2 3 4 5 |

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| **Rate the TLR instructor 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 instructor? | |
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| **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? | |
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please continue to the next page

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| 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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Your comments count – they will be reviewed by your TLR 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.