

Evaluation Form

Facilitator's 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 questions below	Prior to the session (1 low; 5 high)	After the session (1 low; 5 high)
I know how to teach others to safely approach a client/individual.	1 2 3 4 5	1 2 3 4 5
I know how to teach others to always aware of their environment.	1 2 3 4 5	1 2 3 4 5
I am able to teach others how to:		
▪ identify risks in their job.	1 2 3 4 5	1 2 3 4 5
▪ eliminate/manage those risks.	1 2 3 4 5	1 2 3 4 5
▪ break away from a pinch.	1 2 3 4 5	1 2 3 4 5
▪ break away from a hold.	1 2 3 4 5	1 2 3 4 5
▪ break away from a choke.	1 2 3 4 5	1 2 3 4 5

Describe one new skill that you will begin to use as you begin to teach the W.A.V.E. program:

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, are there any specific OH&S concerns that you are aware of?

Thank you for completing this evaluation form. Your facilitator will review this information.