**Evaluation Form**

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| --- | --- | --- | --- | --- |
| Facilitator’s Name(s): |  |  | Date: |  |
| Participant Name:(optional) |  |  | Length of Session: |  |

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** | **Prior to the session****(1 low; 5 high)** | **After the session****(1 low; 5 high)** |
| I know how to safely approach others. | 1 2 3 4 5 | 1 2 3 4 5 |
| I am always aware of my environment. | 1 2 3 4 5 | 1 2 3 4 5 |
| I am always aware of others. | 1 2 3 4 5 | 1 2 3 4 5 |
| I am able to identify risks in my job. | 1 2 3 4 5 | 1 2 3 4 5 |
| I know how to eliminate/manage those risks. | 1 2 3 4 5 | 1 2 3 4 5 |
| I know how to break away from a pinch. | 1 2 3 4 5 | 1 2 3 4 5 |
| I know how to break away from a hold. | 1 2 3 4 5 | 1 2 3 4 5 |
| I know how to break away from a choke. | 1 2 3 4 5 | 1 2 3 4 5 |

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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, are there any specific OH&S concerns that you are aware of? |
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*Thank you* for completing this evaluation form. Your facilitator will review this information.