

Please check the applicable session: [] Initial TTT or

PART Evaluation Form

[] Trainer Re-certification

1 2 3 4 5

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Train the Trainer, Trainer Re-certification

Instructor(s):	Date:	
Name:		
Please use the reverse side of this evaluation if you require		
Rate yourself for each of the questions below	Before the session (1 low; 5 high)	
Purpose		
 I understand Purpose 	1 2 3 4 5	1 2 3 4 5
 I know how to teach Purpose 	1 2 3 4 5	1 2 3 4 5
Professionalism		
 I understand Professionalism 	1 2 3 4 5	1 2 3 4 5
 I know how to teach Professionalism 	1 2 3 4 5	1 2 3 4 5
Preparation		
 I understand Preparation 	1 2 3 4 5	1 2 3 4 5
I know how to teach Preparation	1 2 3 4 5	1 2 3 4 5
Identification		
I understand Identification	1 2 3 4 5	1 2 3 4 5
 I know how to teach Identification 	1 2 3 4 5	1 2 3 4 5
Response		
I understand Response	1 2 3 4 5	1 2 3 4 5
 I know how to teach Response 	1 2 3 4 5	1 2 3 4 5
Recording		
I understand Recording	1 2 3 4 5	1 2 3 4 5
I know how to teach Recording	1 2 3 4 5	1 2 3 4 5
Evasion (if certified to teach)		
 I understand the principles of Evasion 	1 2 3 4 5	1 2 3 4 5
I am able to teach Evasion techniques	1 2 3 4 5	1 2 3 4 5
Manual Restraint (if certified to teach)		<u> </u>
I understand the principles of Manual Restraint	1 2 3 4 5	1 2 3 4 5
I am able to teach Manual Restraint Techniques	1 2 3 4 5	1 2 3 4 5
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 I understand the difference between redirection and validation 		
Rate the PART 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

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?	

Was/were responsive to participant ideas and concerns.

What other comments do you have about the PART instructor?

Presented course material at a comfortable pace.



PART Evaluation Form

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?
Your comments count – they will be reviewed by your PART 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.