

## Evaluation Form

Trainer's Name(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ Length of Session: \_\_\_\_\_  
 (optional) \_\_\_\_\_

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 understand the employer's legislated responsibility for providing PPE education and training to workers	1 2 3 4 5	1 2 3 4 5
I understand my legislated responsibility for taking training and using PPE	1 2 3 4 5	1 2 3 4 5
I understand my three rights as a worker	1 2 3 4 5	1 2 3 4 5
I know how to don (put on) PPE properly	1 2 3 4 5	1 2 3 4 5
I know how to doff (take off) PPE properly	1 2 3 4 5	1 2 3 4 5
I know how to appropriately perform hand hygiene using alcohol based hand rub and soap & water	1 2 3 4 5	1 2 3 4 5

Rate the trainer for each of the questions below:	
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 trainer:	

Rate the training environment:	
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, are there any specific PPE concerns that you are aware of?

\_\_\_\_\_

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