

Evaluation Form

Trainer's
 Name(s): _____
 Participant Name: _____
 (optional) _____

Date: _____
 Length of
 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	Before the session (1 low; 5 high)	After the session (1 low; 5 high)
I understand the employer's legislated responsibility to provide education and training for TDG.	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 understand the applicable TDG regulations	1 2 3 4 5	1 2 3 4 5
I understand classifications for TDG	1 2 3 4 5	1 2 3 4 5
I understand Emergency Response Assistance Plans	1 2 3 4 5	1 2 3 4 5
I understand packaging for TDG	1 2 3 4 5	1 2 3 4 5
I understand reporting requirements	1 2 3 4 5	1 2 3 4 5
I understand safe handling and transport practices, and characteristics of dangerous goods	1 2 3 4 5	1 2 3 4 5
I understand emergency measures to reduce or eliminate danger to the public	1 2 3 4 5	1 2 3 4 5

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 are specific TDG concerns that you are aware of?

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