

**Train the Trainer, Trainer Re-certification**

Please check the applicable session: [ ] Initial TTT or [ ] Trainer Re-certification

Instructor(s): \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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)
<b>Accountability and Legislation</b>		
▪ I understand accountability and legislation	1 2 3 4 5	1 2 3 4 5
▪ I know how to teach accountability and legislation	1 2 3 4 5	1 2 3 4 5
<b>Good Posture and Safe Body Mechanics</b>		
▪ I understand good posture and safe body mechanics	1 2 3 4 5	1 2 3 4 5
▪ I know how to teach good posture and safe body mechanics	1 2 3 4 5	1 2 3 4 5
<b>Risk Assessment - self, environment, equipment, object/task</b>		
▪ I understand risk assessment	1 2 3 4 5	1 2 3 4 5
▪ I know how to teach risk assessment	1 2 3 4 5	1 2 3 4 5
<b>General (object) Moving Techniques</b>		
▪ I understand safe object moving techniques	1 2 3 4 5	1 2 3 4 5
▪ I know how to teach safe object moving techniques	1 2 3 4 5	1 2 3 4 5
<b>Risk Assessment - client mobility</b>		
▪ I understand client mobility risk assessments	1 2 3 4 5	1 2 3 4 5
▪ I know how to teach the client mobility risk assessment	1 2 3 4 5	1 2 3 4 5
<b>Client Moving Techniques</b>		
▪ I understand safe client moving techniques	1 2 3 4 5	1 2 3 4 5
▪ I know how to teach safe client moving techniques	1 2 3 4 5	1 2 3 4 5
<b>Documentation, Communication</b>		
▪ I understand how to properly document and communicate	1 2 3 4 5	1 2 3 4 5
▪ I am able to teach proper documentation and communication	1 2 3 4 5	1 2 3 4 5

Rate the TLR 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
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 TLR instructor?	

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?	

please continue to the next page

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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, what specific occupational health and safety concerns are you aware of?

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Your comments count – they will be reviewed by your TLR 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.