Midwest Consortium for Hazardous Waste Worker Training

Training Evaluation

Thank you for attending this training. We would appreciate your feedback so that we can continue to provide meaningful trainings for workers. Your responses will remain confidential.

Please complete each question.

1. **How relevant is today's training to your work?** (select one)

   ☐ Not at all relevant
   ☐ Slightly relevant
   ☐ Moderately relevant
   ☐ Very relevant
   ☐ Not applicable to my current work (e.g., unemployed, retired, not looking for work, etc.)

2. **To what extent did the training increase your knowledge of the following topics?**

   Circle one response for each item.

Recognize exposures to potential hazards	Topic not covered	No increase	Minor increase	Moderate increase	Major increase
Access information about hazardous substances	Topic not covered	No increase	Minor increase	Moderate increase	Major increase
Help my colleagues improve their health and safety practices	Topic not covered	No increase	Minor increase	Moderate increase	Major increase
Prevent exposure to potential hazards	Topic not covered	No increase	Minor increase	Moderate increase	Major increase
Use personal protective equipment	Topic not covered	No increase	Minor increase	Moderate increase	Major increase
Respond safely to hazards	Topic not covered	No increase	Minor increase	Moderate increase	Major increase
Safely perform my role in an emergency or disaster response	Topic not covered	No increase	Minor increase	Moderate increase	Major increase

3. **How would you rate your instructor(s) in the following areas?**

   Circle one response for each item.

Knowledgeable about the training content	Poor	Fair	Good	Excellent
Engaged everyone in the group	Poor	Fair	Good	Excellent
Effectively answered questions	Poor	Fair	Good	Excellent
Covered all required content	Poor	Fair	Good	Excellent

4. **How likely are you to recommend this training to a friend or colleague?**

   (Circle the number that best reflects your opinion)

Not at all likely	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	Extremely likely

5. **Please explain your responses, including what you liked and suggestions for improvement:**

_____

_____

Please turn over to continue survey

6. **Will you <u>use</u> what you learned in today's training in your work or community?** (select <u>one</u>)
   - ☐ Definitely not
   - ☐ Probably not
   - ☐ Probably will
   - ☐ Definitely will
   - ☐ I did not learn anything new from this course

7. **Do you anticipate this training will benefit you in any of the following ways?**

Circle one response per item.

Reduce my risk of illness or injuries on the job	No	Maybe	Yes
Enable me to have a longer career	No	Maybe	Yes
Improve my ability to get a promotion	No	Maybe	Yes
Increase my wages	No	Maybe	Yes
Other (please specify): _____			

8. **What do you plan to use from this training?**
   Do you anticipate any challenges using information from this training?
   Please provide specific examples of what you plan to do and any help you may need.

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9. **Is there anything else you would like us to know about your experience with this training?**

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Some survey items adapted from Centers for Disease Control and Prevention. *Recommended Training Effectiveness Questions For Postcourse Evaluations User Guide.* Atlanta, GA: CDC, 2019.