Evaluation Form



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| --- | --- | --- | --- |
| Training Date: |  | Instructor: |  |

Instructions: Circle the best answer.

1. Do you currently have radiation instrumentation to be able to respond to a transport accident, involving Class 7 materials?

Yes No Uncertain

1. How long have you been a First Responder?

Less than 1 year 1-5 years 5-10 years 10-15 years Greater than 15 years

1. How satisfied were you with the training content?

Very Somewhat Neutral Somewhat Very

Satisfied Satisfied Dissatisfied Dissatisfied

1. How relevant did you find the training for potential response incidents?

Very Relevant Somewhat Relevant Neutral Kind of Relevant Not Relevant

1. How knowledgeable was your instructor?

Extremely Very Somewhat Not so Not at All

Knowledgeable Knowledgeable Knowledgeable Knowledgeable Knowledgeable

1. How well did your Instructor answer Trainees’ questions?

Extremely Very Somewhat Not so Not at All

Well Well Well Well Well

1. Was the speed at which the training took place too fast, too slow, or just about right?

Must too Fast Too Fast About Right Too Slow Much too slow

1. How helpful was the demonstration and use of equipment to your understanding of the products and how they could benefit you in your occupation?

Extremely helpful Very helpful Somewhat Helpful Not so Helpful Not at All Helpful

1. Please provide comments on areas where training went well or areas where improvements could be made? (Please use the back of this paper if you need more space.)