

# CPWR Trainee Course Evaluation Form

Course: \_\_\_\_\_ Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Please check the appropriate box () after each question.

<u>The instructor(s):</u>	Rarely	Most of the time	Always
1. Described the course and lesson objectives clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explained how the course content applies to my job or trade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Presented the material clearly, so that I could understand it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kept the class focused on the learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Encouraged class participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reviewed key points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gave helpful feedback to the class on the exercises and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Made good use of the student materials / manuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>This course helped me to improve my ability to:</u>	N/A	Very little	Some	A lot
9. Understand the hazards/dangers of working with/around the topic(s) taught in this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Recognize health hazards on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Recognize unsafe work conditions and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Recognize the signs and symptoms that may be related to hazardous environments and exposures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Understand when a job hazard needs me to take immediate action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Use appropriate personal protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Understand my legal rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Understand the importance of jobsite safety plans and emergency response planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over to complete side 2 ⇨

**Teaching methods and materials:**

We are interested in knowing your opinion of how helpful different teaching methods are for learning the material covered in this class (Mark N/A if the instructor didn't use a particular method)

	N/A	Didn't help at all	Helped some	Really helped
17. Lectures (Instructor only talked and responded to questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Classroom discussions / small group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Demonstrations (such as a PPE "show and tell" or equipment inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Classroom-based activities / exercises (crossword puzzle, questionnaire, Kahoot!, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Hands-on activities / exercises / simulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Course manual/handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. PowerPoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Video / YouTube / DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Some	Completely
26. <b>Overall</b> , how well did this class meet the objective of helping you to develop the <u>knowledge</u> , <u>skills</u> , and <u>confidence</u> you need to work safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could this course be improved?

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**THANK YOU VERY MUCH for your time and cooperation. Please contact CPWR with any additional comments, questions, or feedback by emailing [training@cpwr.com](mailto:training@cpwr.com) or calling (301) 578-8500.**