



## Evaluation Form

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|-----------------------|--|--------------------|--|
| <b>Training Date:</b> |  | <b>Instructor:</b> |  |
|-----------------------|--|--------------------|--|

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

2. 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

3. How satisfied were you with the training content?

Very Satisfied    Somewhat Satisfied    Neutral    Somewhat Dissatisfied    Very Dissatisfied

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

Very Relevant    Somewhat Relevant    Neutral    Kind of Relevant    Not Relevant

5. How knowledgeable was your instructor?

Extremely Knowledgeable    Very Knowledgeable    Somewhat Knowledgeable    Not so Knowledgeable    Not at All Knowledgeable

6. How well did your Instructor answer Trainees' questions?

Extremely Well    Very Well    Somewhat Well    Not so Well    Not at All Well

7. 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

8. 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

9. 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.)

Thanks for your feedback!