

Fire Prevention Workshop

EVALUATION

About the course

	Excellent		Average		Poor
The workshop overall was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop content was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop materials were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructors' contribution to the workshop was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How frequently was each of the following a true description of this workshop?

	Always		About Half		Never
The instructor(s) gave very clear explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor successfully rephrased explanations to clear up confusion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop flowed through the different topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you

	Excellent		Average		Poor
What was your knowledge level of fire prevention and safety coming into this session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your knowledge level of fire prevention and safety now after this workshop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what degree were your goals for this session met? **Totally** **Somewhat** **Not at all**
If we did not meet your goals, what was missed?

Other

How would you describe:

	Excellent		Average		Poor
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location for training sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refreshments (coffee, water, snacks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We thank you for coming to our workshop, how did you learn about it?

What aspects of this workshop contributed most to your learning, or which topics did you find most relevant?

Please turn over

What aspects of this workshop detracted from your learning, or which topics did you find least relevant?

Other comments

THANK YOU