



SafeStart Course Completion Survey

Thank you for attending the SafeStart Training Program Session(s). Please take a few moments to fill out our survey and evaluation form.

1. The training significantly increased my awareness of how state to critical error patterns can result in increased risk of injury.

Strongly Agree Agree Disagree Strongly Disagree No Opinion or Not Applicable

Comments: _____

2. The training provided me with techniques I can use to reduce the likelihood of making critical errors that result in increased risk of injury.

Strongly Agree Agree Disagree Strongly Disagree No Opinion or Not Applicable

Comments: _____

3. The instructor was effective at delivering the program, and made the session(s) very enjoyable.

Strongly Agree Agree Disagree Strongly Disagree No Opinion or Not Applicable

Comments: _____

4. Overall, the training met or exceeded my expectations.

Strongly Agree Agree Disagree Strongly Disagree No Opinion or Not Applicable

Comments: _____

What part of the training did you find most worthwhile?

What could we do to improve the training?

Comments/Requests:

Name (Optional) _____ Department _____

Trainer _____ Date _____