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| Fall 2019 School Environmental Health and Safety Workshop Evaluation |  |

**Which workshop did you attend?**

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| [ ]  | Oct 15, WSDOT Building A (NCESD), Wenatchee  | [ ]  | Oct 28, Olympic ESD 114, Bremerton |
| [ ]  | Oct 17, ESD 112, Vancouver | [ ]  | Oct 29, PSESD, Renton  |
| [ ]  | Oct 21, ESD 105, Yakima | [ ]  | Oct 30, NW Educational SD 189, Anacortes |
| [ ]  | Oct 22, ESD 123, Pasco | [ ]  | Nov 5, WSDOH Town Center Campus, Tumwater |
| [ ]  | Oct 23, NEW ESD 101, Spokane |   |  |

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| **Statement** | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **No Opinion** | **Not Applicable** |
| I found the training facilities and location (space and layout of room, lighting, availability of parking, personal comfort) to be adequate. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| As a result of today’s training I have increased knowledge or understanding about school environmental health and safety issues. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Overall Satisfaction**How would you rate your satisfaction with the training event and the information you received?  | **Very Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Very Dissatisfied** |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

| **Rate the Workshop Segments**On scale of Lowest (1) to Highest (5), rate each session on its usefulness of information. |
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**Cleaning & Disinfection for Asthma Safe Schools**

1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

Comments and suggestions:

**Indoor Air Quality**

1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

Comments and suggestions:

**Playgrounds – Issues with “Functionally Linked” Equipment**

1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

Comments and suggestions:

**Wildfire Smoke Guidance**

1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

Comments and suggestions:

**Local Issues and Concerns**

1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

Comments and suggestions:

**Industrial Hygiene and Safety in Schools**

1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

Comments and suggestions:

**What did you gain from the workshop that you will use in your day-to-day activity?**

**How can we improve the workshops?**

**What topics would you like to see at our next workshop? Should the workshops be yearly or every other year?**

**Additional Comments:**

**Who are you?**

[ ]  Local Health Jurisdiction [ ]  Teacher [ ]  Administrator [ ]  Nurse [ ]  Maintenance / Operations

[ ]  State Agency [ ]  Federal Agency [ ]  Other:

Email this evaluation form to nancy.bernard@doh.wa.gov. Thank you for your feedback!