

Fall 2023 School Environmental Health and Safety Workshop Evaluation – please email to SchoolEHS@doh.wa.gov



Statement	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
I found the training facilities and location (space and layout of room, lighting, availability of parking, personal comfort) to be adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of today's training, I have increased knowledge or understanding about school environmental health and safety issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Satisfaction	Strongly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Strongly Dissatisfied
How would you rate your satisfaction with the training event and the information you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate your satisfaction with the training event and the information you received?

TRAINING SEGMENT-SPECIFIC QUESTIONS

Please rate each session on a scale of Lowest (1) to Highest (5). Comments and suggestions are appreciated.

PFAS						Comments & Suggestions
Usefulness of information	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cleaning & Disinfecting						Comments & Suggestions
Usefulness of information	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Ventilation						Comments & Suggestions
Usefulness of information	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HVAC Upgrades						Comments & Suggestions
Usefulness of information	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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TRAINING SEGMENT-SPECIFIC QUESTIONS

Please rate each session on a scale of Lowest (1) to Highest (5). Comments and suggestions are appreciated.

Indoor Air Quality Monitoring

Comments & Suggestions

Usefulness of information 1 2 3 4 5

School Inspections and Tools

Comments & Suggestions

Usefulness of information 1 2 3 4 5

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?

Additional Comments

Select the best choice where/in what area you work in:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Local Health Jurisdiction | <input type="checkbox"/> State Agency | <input type="checkbox"/> Federal Agency |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Nurse | <input type="checkbox"/> Maintenance/Operations |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Other: | |