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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](mailto:nancy.bernard@doh.wa.gov). Thank you for your feedback!