



TRAINER'S EVALUATION FORM



Madison and Dane County food establishments participating in the **SAFE FOOD CREW** Public Recognition Program must fill out this form to receive credit. Your comments will also help to improve our curriculum.

Establishment Name _____

Establishment Address _____

Modules Taught _____ **Date** _____

1. Did you prepare before the session? Yes No

Rate the Following	Poor	Fair	Average	Good	Excellent
The modules were written at a level appropriate for employees to understand	1	2	3	4	5
The module format is easy to follow	1	2	3	4	5
The module objectives were met	1	2	3	4	5
The module content is complete and accurate	1	2	3	4	5
The activities make sense and are easy to follow	1	2	3	4	5
The fact sheets meet the needs of the students	1	2	3	4	5
The time given to teach the module is sufficient	1	2	3	4	5

(Continued)

2. If you marked fair or poor, please explain:

3. Are there any activities, background information or resources that you would recommend adding to the curriculum? Please include written copies if available.

4. Additional Comments:
