

## Webinar Participant Feedback Form

1) Name *(Fill in Blank)*

2) Organization *(Fill in Blank)*

3) How would you rate the seminar topic and content? The topic was relevant.

Strongly Disagree      1      2      3      4      5      Strongly Agree  
*(Check box)*

Comments: *(Fill in Blank)*

4) How would you rate the seminar topic and content? The information presented was directly applicable to my work.

Strongly Disagree      1      2      3      4      5      Strongly Agree  
*(Check box)*

Comments: *(Fill in Blank)*

5) How would you rate the level and amount of information provided? The level of detail was appropriate.

Not Enough              About Right              Too Much      *(Check box)*

Comments: *(Fill in Blank)*

6) How would you rate the level and amount of information provided? The duration of the webinar was appropriate.

Not Enough              About Right              Too Much      *(Check box)*

Comments: *(Fill in Blank)*

7) How would you rate the speaker(s)? The speaker(s) were knowledgeable.

Strongly Disagree      1      2      3      4      5      Strongly Agree  
*(Check box)*

Comments: *(Fill in Blank)*

8) How would you rate the speaker(s)? The speaker(s) were clear and professional.

Strongly Disagree      1      2      3      4      5      Strongly Agree

(Check box)

Comments: (Fill in Blank)

9) How would you rate the speaker(s)? The speaker(s) accurately delivered valuable information.

Strongly Disagree      1      2      3      4      5      Strongly Agree  
(Check box)

Comments: (Fill in Blank)

10) Additional webinar topics you would like to see (Fill in Blank)

OMB Control Number XXXX-XXXX

Expiration date: XX/XX/XXXX

PAPERWORK REDUCTION ACT

Public reporting burden for this voluntary collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. OSHA will use this information to evaluate participation in Safe + Sound Week. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, please send them to OSHAPRA@dol.gov or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution Avenue, NW, Washington, DC 20210.

Safe + Sound Campaign Webinar Participant Feedback

DMS Control Number: J000-N000

Expiration date: J0000000

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\* 1. Name

\* 2. Organization

3. How would you rate the webinar topic and content?

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

The topic was relevant

The information presented was directly applicable to my work

Comments

4. How would you rate the level and amount of information provided?

Not Enough    About Right    Too Much

The level of detail was appropriate

The duration of the webinar was appropriate

Comments

5. How would you rate the speaker(s)?

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

The speaker(s) were knowledgeable

The speaker(s) were clear and professional

The speaker(s) accurately delivered valuable information

Comments

6. Additional webinar topics you would like to see

Done

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