

# Beginning to Understand Safety

## Evaluation form

*Please give us your feedback on the orientation program.*

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| I found the orientation program helpful. ....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| My child(ren) will benefit from this program. ....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| The content of the program was suitable for the age intended. .... | <input type="checkbox"/> | <input type="checkbox"/> |
| The duration of the program was well suited for the audience. .... | <input type="checkbox"/> | <input type="checkbox"/> |

How did you hear about the presentation? \_\_\_\_\_

Do you have any recommendations for future improvement to the orientation program?

\_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

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