



6th ANNUAL 2016 FDOT D7 LOCAL SAFETY SUMMIT

Evaluation Form

Directions: Please complete this evaluation. If you submitted a hard copy of the survey at the end of the event you do not need to complete this survey again. Thank you!

1. What is your overall assessment of the Safety Summit? (1 = Poor - 5 = Excellent)

- 1
- 2
- 3
- 4
- 5

2. Which topics or aspects of the summit did you find most interesting or useful?

3. Did the summit achieve the program objectives? If not, why?

Yes

No

If you answered no, please explain.

4. Knowledge and information gained from participation at this summit: Met your expectations?

Yes

No

Somehow

5. Knowledge and information gained from participation at this summit: Will be useful/applicable in my work?

Definitely

Mostly

Somehow

Not at all

6. How do you think the summit could have been made more effective?

7. Please comment on the organization of the summit (from 1 = Poor to 5= Excellent)

1

2

3

4

5

8. Comments and suggestions including activities or initiatives you think would be useful, for the future.