

# Young Worker Safety Resource Center

A project of the Education Development Center, Inc. and U.C. Berkeley Labor Occupational Health Program

## TRAINING OF TRAINERS (TOT) PARTICIPANT FORM

Today's date: \_\_\_\_\_ Location of training (City): \_\_\_\_\_

Your name: \_\_\_\_\_

Your position:  Teacher/ Trainer       Administrator       Other: \_\_\_\_\_

Your program:

- Work Experience
- Vocational Education / Career Tech      Subject: \_\_\_\_\_
- Transition / WorkAbility Program  
(for students with learning / cognitive disabilities)
- Academic      Subject: \_\_\_\_\_
- Job Prep / Training Program
- Other: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Follow-up to today's training

Do you think you will provide the *Youth@Work* curriculum to teens in the next year?

- No
- Possibly
- I am ready to start using the curriculum.

Date (approximately) you plan to conduct your health and safety workshop: \_\_\_\_\_

Number (approximately) of youth you plan to train: \_\_\_\_\_

- Please notify me of future trainings

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### Feedback on today's training

1. What information did you find useful in today's training?

2. What suggestions do you have for improving this training?

3. Do you think teens will find this workshop useful? Why or why not?

**Please return this form to the Trainer for this session. THANKS!**