2024 Pool and Spa Conference Evaluation



Thank you for filling out the evaluation form. We will use your comments to help us plan future trainings and conferences. Email the completed form to WaterRecreation@doh.wa.gov.

Which one of the following best describes your role?												
☐ Local health department			☐ Pool builder/designer/supplier									
☐ Manager/operator of lifeguarded pools/spas				☐ Other:								
☐ Manager/operator of non-lifeguarded pools/spas			Li Otilet.									
Evaluation statements	Strongly Agree			Neutral		Disagree	Strongly Disagree	Not Applica		No Opinion		
The conference was what you expected it to be.] [
The level and type of information provided was appropriate for you.												
The presenters were effective and proficient at instructing.												
The PowerPoint slides and handouts were well-organized and useful.												
Overall Satisfaction	Very Satisfi	ied	Sat	isfied		Neutral	Dissati	Dissatisfied Ve		ery Dissatisfied		
How would you rate your satisfaction with the training event and the information you received?												
Which information was the least useful/helpful and why?												
What additional information would you like to see covered in the advanced level conference in the future?												
General Comments?												