



## PARTICIPANT SATISFACTION SURVEY

Please take a few minutes to provide feedback about this training. Your response will be used to refine this workshop for future trainings.

**1. Reflecting on this training, please rate the extent to which you agree with the following statements:**

Statement	Strongly Agree	Agree	Neutral/ No Opinion	Disagree	Strongly Disagree	Not Applicable
The training contained useful and practical information to help my school/district improve its emergency management planning efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content was appropriate for my level of experience and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The resource materials (e.g., handouts, audiovisuals) enhanced the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of the training was appropriate for the material covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The severe weather scenario was useful in highlighting strategies and steps for emergency management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was an appropriate mix of lecture and active audience involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenter(s) demonstrated thorough knowledge of, and experience with, the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenter(s) was/were responsive to questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. What information provided during this training was most helpful, and why?**

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**3. What components of the training were least helpful, and why?**

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**4. Please name one general recommendation to strengthen this training:**

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**5. Other general comments related to this training:**

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Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid control number. The valid OMB control number for this information collection is 1800-0011. The time required to complete this information collection is estimated to average 25 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-2800. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Office of Safe and Drug-Free Schools, 400 Maryland Avenue, S.W., PCP Room 10088, Washington D.C. 20202-2800.

<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral/ No Opinion</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Satisfaction**

The EM-101 presentation, as a whole, provided an effective overview of school emergency management.



U.S. Department of Education  
Office of Safe and Drug-Free Schools  
Emergency Management-101 (EM-101):  
Overview of the Four Phases of Emergency Management for Schools  
City, State ~ Date



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According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1800-0011. The time required to complete this information collection is estimated to average .25 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4537. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** U.S. Department of Education, Office of Safe and Drug-Free Schools, 400 Maryland Avenue, S.W., PCP Room 10088, Washington D.C. 20202-2800.