



U.S. Department of Education
Office of Safe and Drug-Free Schools
Emergency Management for Higher Education
Final Grantee Meeting



Participant Satisfaction Survey

1. Reflecting on this training overall, 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 campus 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"/>
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(s).	<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. Please rate your satisfaction with these aspects of the training. (1 = low, 5 = high)

	1	2	3	4	5
A. Location.....	<input type="checkbox"/>				
B. Hotel.....	<input type="checkbox"/>				
C. Hotel lodging room.....	<input type="checkbox"/>				
D. General session room.....	<input type="checkbox"/>				
E. Hotel Food.....	<input type="checkbox"/>				
F. Hotel staff.....	<input type="checkbox"/>				
G. REMS TA Center staff.....	<input type="checkbox"/>				
H. Length of training.....	<input type="checkbox"/>				
I. OVERALL RATING.....	<input type="checkbox"/>				

3. Please rate the training materials. (1 = Not at all Useful, 5 = Very Useful)

	1	2	3	4	5
A. How useful were the materials provided during the training?.....	<input type="checkbox"/>				
B. How useful do you expect these materials to be to you in the future?.....	<input type="checkbox"/>				

4. Please rate the extent to which you agree with the following statement:

The training provided skills and knowledge needed to further develop or improve our campus emergency management plan.

Strongly disagree
 Disagree
 Neither Agree nor Disagree
 Agree
 Strongly agree

5. Please rate your level of satisfaction with the information gained from the following general sessions:		(1 = low, 5 = high)				
		1	2	3	4	5
DAY ONE:	Session 1 _____					
	Session title.....	<input type="checkbox"/>				
	Session 2 _____					
	Session title.....	<input type="checkbox"/>				
	Session 3 _____					
	Session title.....	<input type="checkbox"/>				
	Session 4 _____					
	Session title.....	<input type="checkbox"/>				
	Session 5 _____					
	Session title.....	<input type="checkbox"/>				
 DAY TWO:						
	Session 6 _____					
	Session title.....	<input type="checkbox"/>				
	Session 7 _____					
	Session title.....	<input type="checkbox"/>				
	Session 8 _____					
	Session title.....	<input type="checkbox"/>				
	Session 9 _____					
	Session title.....	<input type="checkbox"/>				
	Session 10 _____					
	Session title.....	<input type="checkbox"/>				

6. What did you find MOST helpful during the training?

7. What did you find LEAST helpful during the training?

8. Are there any emergency management activities you plan to conduct differently on your campus based on this training? If so, what are they?

9. Do you have any additional comments or suggestions for the next EMHE training ED conducts?

Please return this evaluation to the registration desk after the closing session on Day Two in exchange for your Meeting Completion Certificate.

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 OMB control number. The valid OMB control number for this information collection is 1800-0011. The time required to complete this voluntary information collection is estimated to average 20 minutes 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.