

Paperwork Burden Disclosure Notice

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- USE NO. 2 PENCIL OR BLUE/BLACK PEN
- MAKE HEAVY, DARK MARKS
- ERASE COMPLETELY TO CHANGE
- SAMPLE:

SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION			STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE	NOT APPLICABLE				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16. ADMISSIONS/REGISTRATION:	a.	acceptance notice was timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	b.	logistics package was informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	c.	registration was efficiently handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	d.	student services personnel were helpful and courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17. STUDENT SERVICES:	a.	transportation was adequate from airports to campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	b.	lodging was appropriate and well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	c.	a wide variety of wholesome food was available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	d.	sufficient recreational amenities were available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	e.	required resources and services were available at the Learning Resource Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	f.	security staff were helpful, courteous and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION. "1" IS THE LOWEST RATING, "5" IS THE HIGHEST.			QUALITY OF CONTENT					QUALITY OF INSTRUCTION				
			LOWEST					HIGHEST	LOWEST			
18. INDIVIDUAL INSTRUCTOR RATING:			1	2	3	4	5	1	2	3	4	5
NAME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. OVERALL COURSE RATING:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS												

PLEASE CHECK TO MAKE SURE YOU HAVE COMPLETED ALL QUESTIONS
THANK YOU FOR YOUR COOPERATION.

NATIONAL EMERGENCY TRAINING CENTER
EMERGENCY MANAGEMENT INSTITUTE

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- SAMPLE:

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COURSE EVALUATION FORM

PARTICIPANT PROFILE

COURSE TITLE _____		
LOCATION (CITY/STATE) _____		DATES _____ TO _____
COURSE MANAGER _____		
1. SEX:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
2. AGE:	Under 21 <input type="checkbox"/>	22-30 <input type="checkbox"/>
3. LOCATION OF YOUR WORK ORGANIZATION: FIRST DIGIT		0 1 2 3 4 5
(VIEWGRAPH) SECOND DIGIT		0 1 2 3 4 5 6 7 8 9
4. INDICATE THE TYPE OF ORGANIZATION IN WHICH YOU HAVE AN EMERGENCY MANAGEMENT ROLE:	GOVERNMENT <input type="checkbox"/>	PRIVATE SECTOR <input type="checkbox"/>
	Federal <input type="checkbox"/>	Business <input type="checkbox"/>
	State <input type="checkbox"/>	Industry <input type="checkbox"/>
	County <input type="checkbox"/>	Other <input type="checkbox"/>
	City/Town <input type="checkbox"/>	Voluntary Service <input type="checkbox"/>
	Special District <input type="checkbox"/>	Red Cross <input type="checkbox"/>
Other <input type="checkbox"/>	Church Organization <input type="checkbox"/>	
Other <input type="checkbox"/>	Scouts <input type="checkbox"/>	
Other <input type="checkbox"/>	RACES <input type="checkbox"/>	
Other <input type="checkbox"/>	CAP <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>	
5. IF YOU WORK IN A LOCAL GOVERNMENT INDICATE THE SIZE OF THE POPULATION:	Less than 40,000 <input type="checkbox"/>	200,001 - 500,000 <input type="checkbox"/>
	40,001 - 200,000 <input type="checkbox"/>	More than 500,000 <input type="checkbox"/>
6. INDICATE THE SERVICE IN WHICH YOU WORK:	Council, Board or Commission Member <input type="checkbox"/>	Rescue <input type="checkbox"/>
	Chief Executive/Administrator <input type="checkbox"/>	Shelter/Evacuation <input type="checkbox"/>
	Emergency Management <input type="checkbox"/>	Radiological <input type="checkbox"/>
	Fire Service <input type="checkbox"/>	Medical <input type="checkbox"/>
	Law Enforcement <input type="checkbox"/>	Other <input type="checkbox"/>
	Public Works/Utilities <input type="checkbox"/>	
7. INDICATE YOUR PRIMARY EMERGENCY MANAGEMENT ROLE:	Elected Official <input type="checkbox"/>	Operator <input type="checkbox"/>
	Appointed Executive <input type="checkbox"/>	Support Staff <input type="checkbox"/>
	Department Head <input type="checkbox"/>	Advisor/Consultant <input type="checkbox"/>
	Supervisor <input type="checkbox"/>	Public Information Specialist <input type="checkbox"/>
	Training Specialist <input type="checkbox"/>	Other <input type="checkbox"/>
8. YEARS OF EXPERIENCE IN EMERGENCY MANAGEMENT:	Less than 1 <input type="checkbox"/>	6-10 <input type="checkbox"/>
	1-5 <input type="checkbox"/>	11-15 <input type="checkbox"/>
		16-20 <input type="checkbox"/>
		Over 20 <input type="checkbox"/>
9. YEARS OF FORMAL EDUCATION:	less than 12 <input type="checkbox"/>	13-16 <input type="checkbox"/>
		Over 16 <input type="checkbox"/>

COURSE ASSESSMENT

SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION (SPACE PROVIDED ON NEXT PAGE FOR DISAGREEMENT)			STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE	NOT APPLICABLE
10. PRINTED MATERIAL WERE:	a. well organized	a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. complete	b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. readable (printed well)	c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. AUDIO-VISUAL MATERIALS WERE:	a. related to the course	a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. good quality	b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. in appropriate number	c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. INSTRUCTION:	a. materials were related to class needs	a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. subject was thoroughly covered	b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. participation was encouraged	c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. course expectations, requirements and objectives were made clear	d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. differences of opinion were tolerated	e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. CLASSROOM:	a. was comfortable	a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. included a manageable number of students	b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. was appropriate for this course	c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. COURSE	a. used a variety of instructional methods	a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. was a reasonable length	b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. was worth recommending to others	c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. contributed to my knowledge and skills	d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. MY KNOWLEDGE OF THE SUBJECT:	a. is extensive after completing this course	a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. was already extensive before I took this course	b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

