

## Federal Emergency Management Agency/Department of Homeland Security National Fire Academy End-of-Course Evaluation Form

### Paperwork Reduction Act Notice

Public reporting burden for this form is estimated to be an average of 15 minutes per response. The burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing and submitting the form. Although voluntary, you are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C St. SW, Washington, DC 20472, Paperwork Reduction Project (1660-0032) **NOTE: Please do not send your completed form to the above address.**

**DIRECTIONS FOR COMPLETING THIS FORM.** Using a pen or pencil, please complete the course evaluation form by completely darkening the appropriate bubble for each item. Please fill the bubbles in. Do not sign or put your name on the form. All responses are confidential and will be reported ONLY in aggregate form.

### Part I Course Evaluation Data

**Indicate the course information for this training and complete the bubble grid to indicate the course number for this training.**

Course Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Course Name: \_\_\_\_\_  
 Course Length: \_\_\_ 2-day \_\_\_ 6-day \_\_\_ 10-day  
 Course Code: \_\_\_ R \_\_\_ N \_\_\_ F \_\_\_ W \_\_\_ O  
 Location: \_\_\_\_\_

| Course Code Number |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|
| 1                  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 1                  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 1                  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

**To what extent do you agree with each of the following?**

The course...

1. increased my knowledge of this topic
2. allowed enough time to complete assignments
3. was well organized
4. challenged me to learn more about this topic
5. used effective teaching techniques (lecture, AVs, scenarios, Web)
6. had a good balance of individual & group-based techniques
7. helped me clarify my goals and professional expectations
8. provided up-to-date information
9. included useful web/technology resources for the material
10. met my expectations

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Does Not Apply

|     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |

**The printed materials for this course...**

1. were clear and easily readable
2. supported class discussion
3. will be a useful reference when I get back on the job

|     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ |

**The audiovisual materials for this course...**

1. were of good technical quality

|     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|
| ___ | ___ | ___ | ___ | ___ | ___ |
|-----|-----|-----|-----|-----|-----|

**Have you taken other NFA classes?**

On campus: \_\_\_ Yes \_\_\_ No  
 Off campus: \_\_\_ Yes \_\_\_ No

**To what extent did this course REQUIRE you to use...**

|                                    | A lot | Some | Not at all | Does Not Apply |
|------------------------------------|-------|------|------------|----------------|
| Internet & technology resources    | ___   | ___  | ___        | ___            |
| NFIRS data                         | ___   | ___  | ___        | ___            |
| Federal, local, or State resources | ___   | ___  | ___        | ___            |
| GIS data                           | ___   | ___  | ___        | ___            |

**How might this training class be improved and why is improvement needed?**

\_\_\_\_\_

**What was the MOST beneficial aspect of this training class?**

\_\_\_\_\_

**What was the LEAST beneficial aspect of this training class?**

\_\_\_\_\_

**Before taking this class, was this material...**

- \_\_\_ completely new to you?  
 \_\_\_ somewhat familiar to you?  
 \_\_\_ very familiar to you?

**How do you access information about NFA classes? (Check all that apply)**

- \_\_\_ USFA/NFA Web page    \_\_\_ local departments  
 \_\_\_ other students    \_\_\_ information at conferences  
 \_\_\_ Other: (Specify) \_\_\_\_\_

Would you recommend this course to someone? \_\_\_ Yes \_\_\_ No *Because...* \_\_\_\_\_

**Part II**  
**Course Instructors/Overall Training**

*As you consider the instructors for this course, for Instructor #1, to what extent do you agree that...*

|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
|--|----------------|-------|---------|----------|-------------------|----------------|
| <b>Instructor 1:</b> Name: _____                             |                |       |         |          |                   |                |
| 1. knew the material well                                    | ___            | ___   | ___     | ___      | ___               | ___            |
| 2. regularly clarified course and assignment expectations    | ___            | ___   | ___     | ___      | ___               | ___            |
| 3. encouraged independent thinking from students             | ___            | ___   | ___     | ___      | ___               | ___            |
| 4. fostered a collaborative "team-based" learning experience | ___            | ___   | ___     | ___      | ___               | ___            |
| 5. supplemented course with helpful experience               | ___            | ___   | ___     | ___      | ___               | ___            |
| 6. answered students' questions clearly                      | ___            | ___   | ___     | ___      | ___               | ___            |
| 7. presented engaging lectures and discussion                | ___            | ___   | ___     | ___      | ___               | ___            |
| 8. led the learning process without dominating it            | ___            | ___   | ___     | ___      | ___               | ___            |
| 9. exhibited a positive attitude toward students             | ___            | ___   | ___     | ___      | ___               | ___            |
| 10. conducted the class in a professional manner             | ___            | ___   | ___     | ___      | ___               | ___            |
| 11. worked well with co-instructor                           | ___            | ___   | ___     | ___      | ___               | ___            |
| 12. is worth recommending to others                          | ___            | ___   | ___     | ___      | ___               | ___            |

*Is there particular feedback you have regarding this instructor? (Be as specific as possible)* \_\_\_\_\_

*(PLEASE SKIP TO THE "This Training Experience" SECTION BELOW IF THERE WAS ONLY ONE INSTRUCTOR IN THIS COURSE.)*

*For Instructor #2: To what extent do you agree that...*

|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
|--|----------------|-------|---------|----------|-------------------|----------------|
| <b>Instructor 2:</b> Name: _____                             |                |       |         |          |                   |                |
| 1. knew the material well                                    | ___            | ___   | ___     | ___      | ___               | ___            |
| 2. regularly clarified course and assignment expectations    | ___            | ___   | ___     | ___      | ___               | ___            |
| 3. encouraged independent thinking from students             | ___            | ___   | ___     | ___      | ___               | ___            |
| 4. fostered a collaborative "team-based" learning experience | ___            | ___   | ___     | ___      | ___               | ___            |
| 5. supplemented course with helpful experience               | ___            | ___   | ___     | ___      | ___               | ___            |
| 6. answered students' questions clearly                      | ___            | ___   | ___     | ___      | ___               | ___            |
| 7. presented engaging lectures and discussion                | ___            | ___   | ___     | ___      | ___               | ___            |
| 8. led the learning process without dominating it            | ___            | ___   | ___     | ___      | ___               | ___            |
| 9. exhibited a positive attitude toward students             | ___            | ___   | ___     | ___      | ___               | ___            |
| 10. conducted the class in a professional manner             | ___            | ___   | ___     | ___      | ___               | ___            |
| 11. worked well with co-instructor                           | ___            | ___   | ___     | ___      | ___               | ___            |
| 12. is worth recommending to others                          | ___            | ___   | ___     | ___      | ___               | ___            |

*Is there particular feedback you have regarding this instructor? (Be as specific as possible)* \_\_\_\_\_

*Considering the training OVERALL, to what extent do you agree that...*

|   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| <b>This training experience...</b>  |                |       |         |          |                   |
| 1. will help me do my current job better  | ___            | ___   | ___     | ___      | ___               |
| 2. was consistent with my department's training expectations  | ___            | ___   | ___     | ___      | ___               |
| 3. will be useful for a department the size of mine   | ___            | ___   | ___     | ___      | ___               |
| 4. will be applicable to my future work   | ___            | ___   | ___     | ___      | ___               |
| 5. included material helpful to my department's prevention efforts  | ___            | ___   | ___     | ___      | ___               |
| 6. will help reduce the fire-related risks in my community  | ___            | ___   | ___     | ___      | ___               |
| 7. provided sufficient opportunities for networking   | ___            | ___   | ___     | ___      | ___               |
| 8. provided information my department can use when preparing for or responding to an all-hazards and/or terrorist event | ___            | ___   | ___     | ___      | ___               |
| 9. is worth recommending to others  | ___            | ___   | ___     | ___      | ___               |

**(OFF-CAMPUS STUDENTS, PLEASE SKIP TO PART III ON NEXT PAGE)**

*Answer each of the following items as they apply to the class you have just completed. Indicate "Does Not Apply" where appropriate.*

|   | Satisfactory | Unsatisfactory | Does Not Apply |
|---|--------------|----------------|----------------|
| 1. classroom and learning facilities              | ___          | ___            | ___            |
| 2. LRC  | ___          | ___            | ___            |
| 3. dormitory rooms                                | ___          | ___            | ___            |
| 4. student center facilities                      | ___          | ___            | ___            |
| 5. dining facilities                              | ___          | ___            | ___            |
| 6. course registration and administrative details | ___          | ___            | ___            |
| 7. workout/weight room facilities                 | ___          | ___            | ___            |

**Part III  
Training Benefits**

**How do you think this course will help you in your job?** (Check all that apply and note other ways as needed.)

|  |  |
|--|--|
| <p><b>General</b></p> <p><input type="checkbox"/> gave me material I will use daily</p> <p><input type="checkbox"/> showed how to increase my efficiency</p> <p><input type="checkbox"/> will help me use dept. resources better</p> <p><input type="checkbox"/> gave better idea of Federal, State, local resources</p> <p><input type="checkbox"/> increased my confidence, self-understanding</p> <p><input type="checkbox"/> gave me the big picture; brought me up to speed</p> <p><input type="checkbox"/> gave info for continued learning after training is over</p> <p><input type="checkbox"/> showed how to use public data sources</p> <p><input type="checkbox"/> showed value of identifying stakeholders</p> <p><input type="checkbox"/> helped to build/increase my professional network</p> <p><b>Leadership/Management</b></p> <p><input type="checkbox"/> provided new "people skills"</p> <p><input type="checkbox"/> will help me set department goals</p> <p><input type="checkbox"/> will make me a better manager/leader</p> <p><input type="checkbox"/> gave skills for interacting with subordinates</p> <p><input type="checkbox"/> taught me to delegate</p> <p><input type="checkbox"/> identified my leadership style(s)</p> <p><input type="checkbox"/> improved my administrative skills</p> <p><input type="checkbox"/> identified tools for handling departmental conflict</p> <p><input type="checkbox"/> increased my ability to see and set task priorities</p> <p><input type="checkbox"/> showed how to use data (e.g., NFIRS/GIS) for department planning</p> <p><b>OTHER:</b> _____</p> | <p><b>Technical</b></p> <p><input type="checkbox"/> provided strategies for handling all-hazards incidents</p> <p><input type="checkbox"/> provided planning strategies for all-hazards prevention and preparedness</p> <p><input type="checkbox"/> illustrated use of "recognition-primed" model for decision making</p> <p><input type="checkbox"/> provided skills in fire protection systems and equipment design and operation</p> <p><input type="checkbox"/> Identified skills for managing training</p> <p><input type="checkbox"/> increased my knowledge of health and fire safety issues</p> <p><input type="checkbox"/> identified characteristics of at-risk audiences</p> <p><input type="checkbox"/> provided strategies and techniques for reaching at-risk audiences</p> <p><input type="checkbox"/> showed ways to develop interagency cooperation</p> <p><input type="checkbox"/> helped with adapting training for small departments and communities</p> <p><input type="checkbox"/> demonstrated the prevention side of EMS</p> <p><input type="checkbox"/> provided information for pre-incident planning</p> <p><input type="checkbox"/> provided tools for incident documentation</p> <p><b>OTHER:</b> _____</p> |
|--|--|

|   |  |
|---|--|
| <p><b>How likely are you to re-apply to NFA for future training?</b></p> <p><input type="checkbox"/> Very likely                      <input type="checkbox"/> Not sure; can't say</p> <p><input type="checkbox"/> Somewhat likely                  <input type="checkbox"/> Not likely to re-apply</p> <p><b>Do you plan to use the ACE (American Council on Education) credit recommendation associated with this course?</b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><input type="checkbox"/> I can't say. I don't know what ACE is.</p> | <p><b>When considering training, which of the following do you find most HELPFUL (#1 equals most helpful, etc.).</b></p> <p><input type="checkbox"/> Traditional classroom training</p> <p><input type="checkbox"/> Online training</p> <p><input type="checkbox"/> Combination of traditional and online training</p> <p><b>Which of the following do you PREFER. Rate in order of preference #1 equals "most," #4 equals "least".</b></p> <p><input type="checkbox"/> Self paced</p> <p><input type="checkbox"/> Webinars</p> <p><input type="checkbox"/> Online Discussion Board only</p> <p><input type="checkbox"/> Online Chat Room only</p> |
|---|--|

**What are suggested topics for future NFA training classes?** \_\_\_\_\_

**Additional comments?** \_\_\_\_\_

**Part IV**  
**Student and Department Demographics**

**Location: Department/Organization.** Please refer to the numerical codes listed below to indicate your Department or Organizational Location in the Location: Department/Organization Grid. For example, if your state is Maryland, which is code 24, fill in bubble number "2" in the first row and bubble number "4" in the second. If it is Alaska, fill in the bubble under the "0" for the first row and the bubble under the "1" for the second row.

**Location: Department/Organization**                      **0 1 2 3 4 5 6 7 8 9**  
(First digit of your state code)                      -----  
(Second digit of your state code)                      -----

- |                          |              |                   |                    |                       |                    |
|--------------------------|--------------|-------------------|--------------------|-----------------------|--------------------|
| 01__Alaska               | 11__Delaware | 21__Kentucky      | 31__North Carolina | 41__Oregon            | 51__Virginia       |
| 02__Alabama              | 12__Florida  | 22__Louisiana     | 32__North Dakota   | 42__Pennsylvania      | 52__Virgin Islands |
| 03__Arkansas             | 13__Georgia  | 23__Massachusetts | 33__Nebraska       | 43__Puerto Rico       | 53__Vermont        |
| 04__Am. Samoa            | 14__Guam     | 24__Maryland      | 34__New Hampshire  | 44__Rhode Island      | 54__Washington     |
| 05__Arizona              | 15__Hawaii   | 25__Maine         | 35__New Jersey     | 45__South Carolina    | 55__Wisconsin      |
| 06__California           | 16__Iowa     | 26__Michigan      | 36__New Mexico     | 46__South Dakota      | 56__West Virginia  |
| 07__Colorado             | 17__Idaho    | 27__Minnesota     | 37__Nevada         | 47__Tennessee         | 57__Wyoming        |
| 08__Connecticut          | 18__Illinois | 28__Missouri      | 38__New York       | 48__Trust Territories | 58__Other          |
| 09__Canal Zone           | 19__Indiana  | 29__Mississippi   | 39__Ohio           | 49__Texas             |                    |
| 10__District of Columbia | 20__Kansas   | 30__Montana       | 40__Oklahoma       | 50__Utah              |                    |

|  |  |
|--|--|
| <p>(1) Are you attending course as...</p> <p style="padding-left: 20px;"><input type="checkbox"/> Career      <input type="checkbox"/> Volunteer      <input type="checkbox"/> Other</p> <p>(2) If you know it, please tell us your FDID#: _____(Bubble grid)</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 100px;"> <p>0 0 0 0 0<br/>1 1 1 1 1<br/>2 2 2 2 2<br/>3 3 3 3 3<br/>4 4 4 4 4<br/>etc. through 9<br/>in boxed area</p> </div> <p>(3) Years of experience in subject area related to course:</p> <p style="padding-left: 20px;"><input type="checkbox"/> less than 1 year<br/><input type="checkbox"/> 1 to 5 years<br/><input type="checkbox"/> 6 to 10 years<br/><input type="checkbox"/> more than 10 years</p> <p>(4) Population currently served by your organization:</p> <p style="padding-left: 20px;"><input type="checkbox"/> under 2,500                      <input type="checkbox"/> 10,000-24,999<br/><input type="checkbox"/> 2,500-4,999                      <input type="checkbox"/> 25,000-49,999<br/><input type="checkbox"/> 5,000-9,999                      <input type="checkbox"/> 50,000-99,000<br/><input type="checkbox"/> 100,000 or more</p> <p>(5) Years of formal education:</p> <p style="padding-left: 20px;"><input type="checkbox"/> less than 9                      <input type="checkbox"/> AA degree<br/><input type="checkbox"/> HS graduation or equivalency      <input type="checkbox"/> Bachelor's degree<br/><input type="checkbox"/> Some college                      <input type="checkbox"/> Master's degree</p> <p>(6) Are you a fire instructor in your local jurisdiction?</p> <p style="padding-left: 20px;"><input type="checkbox"/> yes                      <input type="checkbox"/> no</p> | <p>(7) What is your present position?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Firefighter                      <input type="checkbox"/> Bureau Chief<br/><input type="checkbox"/> Driver/Operator                      <input type="checkbox"/> Division Chief<br/><input type="checkbox"/> Specialist/Technician                      <input type="checkbox"/> Deputy Chief<br/><input type="checkbox"/> Paramedic/EMT                      <input type="checkbox"/> Assistant Chief<br/><input type="checkbox"/> Sergeant                      <input type="checkbox"/> Chief of Department<br/><input type="checkbox"/> Lieutenant                      <input type="checkbox"/> Civilian Employee<br/><input type="checkbox"/> Captain                      <input type="checkbox"/> Allied Professional<br/><input type="checkbox"/> Battalion Chief                      <input type="checkbox"/> Other: _____</p> <p>(8) What is your primary responsibility?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Command                      <input type="checkbox"/> Fire Prevention<br/><input type="checkbox"/> Fire Suppression                      <input type="checkbox"/> Communications<br/><input type="checkbox"/> EMS                      <input type="checkbox"/> Data Processing<br/><input type="checkbox"/> Hazardous Materials                      <input type="checkbox"/> Public Education<br/><input type="checkbox"/> Training/Instruction                      <input type="checkbox"/> Equipment Maint.<br/><input type="checkbox"/> Investigation                      <input type="checkbox"/> Admin. Service<br/><input type="checkbox"/> Inspection/Enforcement                      <input type="checkbox"/> Other: _____</p> <p>(9) How long have you been in fire and emergency services?</p> <p style="padding-left: 20px;"><input type="checkbox"/> less than 1 year                      <input type="checkbox"/> 6 to 10 years<br/><input type="checkbox"/> 1 to 5 years                      <input type="checkbox"/> more than 10 years</p> <p>(10) What percent of your department are volunteer personnel?</p> <p style="padding-left: 20px;"><input type="checkbox"/> none                      <input type="checkbox"/> 51-75%<br/><input type="checkbox"/> 1-25%                      <input type="checkbox"/> 76-99%<br/><input type="checkbox"/> 26-50%                      <input type="checkbox"/> 100%</p> |
|--|--|

**Please answer the following questions:**

- (1) Are you:  male                      (2) **How old were you on your last birthday?**    **1 2 3 4 5 6 7 8 9 0**  
 female                      (First digit of your age)                      \_\_\_\_\_  
(Second digit of your age)                      \_\_\_\_\_
- (3) Please check the ethnicity that best applies to you.                      (4) Are you one or more of the following?
- Hispanic or Latino/Latina                       American Indian or Alaska Native  
 Not Hispanic or Latino/Latina                       Asian  
 Black or African-American  
 Native Hawaiian or Pacific Islander  
 White