# Federal Emergency Management Agency/Department of Homeland Security

# U.S. Fire Administration Conference/Symposium Evaluation

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| **Paperwork Reduction Act Notice**  Public reporting burden for this form is estimated to be an average of 9 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.  **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 in the bubbles. Do not sign or put your name on the form. All responses are confidential and will be reported ONLY in aggregate form. | | | | | |
| **Part I – Overall Conference/Symposium Data**  ***To what extent do you agree that…*** | Strongly  Agree | Agree | Neutral | Disagree | Strongly  Disagree |
| 1. The Conference/Symposium was:  * Informative * Productive * Well organized | ⭘  ⭘  ⭘ | ⭘  ⭘  ⭘ | ⭘  ⭘  ⭘ | ⭘  ⭘  ⭘ | ⭘  ⭘  ⭘ |
| 1. The Conference/Symposium format was appropriate. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 3. The pre-Conference information and instructions were clear and helpful | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 4. The Conference/Symposium provided adequate opportunities for:   * Participation * Suggestions * Peer networking | ⭘  ⭘  ⭘ | ⭘  ⭘  ⭘ | ⭘  ⭘  ⭘ | ⭘  ⭘  ⭘ | ⭘  ⭘  ⭘ |
| 5. I plan to share information about the Conference/Symposium with other members of my department/agency. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| How? | | | | | |
| 6. The topics and activities presented at the Conference/Symposium provided me with something new I expect to use | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| What did you find most useful about the Conference/Symposium? | | | | | |
| What did you find least useful? | | | | | |
| Suggestions for improvements: | | | | | |
| General Comments: | | | | | |

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| ***Part II – Session/Workshop Effectiveness***  ***Based on the presentation/workshop listed below, indicate whether…*** | | Presenter(s)/panel was skilled and professional | | | Session/workshop was informative | | | | Session/workshop was well organized | | Session/workshop was useful | | | Ideas presented will help me do my job better | | | Not Applicable |
| **Y** | **N** | | **Y** | **N** | | | **Y** | **N** | **Y** | | **N** | **Y** | | **N** |  |
|  | | ⭘ | ⭘ | | ⭘ | ⭘ | | | ⭘ | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | ⭘ |
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| General Comments on Session/Workshop: | | | | | | | | | | | | | | | | | |
| **Part III – Exhibit Hall/Informational Exchange**  ***To what extent do you agree that…*** | | | | Strongly  Agree | | | Agree | | | Neutral | | Disagree | | | Strongly  Disagree | | |
| This session:   * Was well organized * Had enough time * Offered enough variety * Showed me new ideas * Provided me with something new I expect to use | | | | ⭘  ⭘  ⭘  ⭘  ⭘ | | | ⭘  ⭘  ⭘  ⭘  ⭘ | | | ⭘  ⭘  ⭘  ⭘  ⭘ | | ⭘  ⭘  ⭘  ⭘  ⭘ | | | ⭘  ⭘  ⭘  ⭘  ⭘ | | |
|  | | | |  | | |  | | |  | |  | | |  | | |
| New ideas for Exhibit Hall: | | | | | | | | | | | | | | | | | |
| Suggestions for improvements: | | | | | | | | | | | | | | | | | |
| **Part IV – Conference/Symposium Demographics**  ***Please indicate all that apply*** | | | | |  | | |  | |  | |  | | |  | | |
| **FESHE:**   * Associate 2-Year School * 4-Year School * Graduate School * State Fire Training Agency * National Organization * State Organization * Metropolitan Fire Department * Non-Metropolitan Fire Department * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **TRADE:**   * State Fire Training Systems * Metro Executive Training Officer * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **PARADE:**   * State Fire Marshal Office * Metro Fire Department Fire Marshal * IFMA Representative * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **EFOP:**   * First Symposium attended * Have attended 2-4 Symposiums * Have attended 5+ Symposiums | | | | | | | | | |