

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

You are not required to respond to this collection of information unless a valid OMB Control Number is displayed in the upper right corner of this form.

NATIONAL EMERGENCY TRAINING CENTER  
EMERGENCY MANAGEMENT INSTITUTE



COURSE EVALUATION FORM

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"/>		
		31-40 <input type="checkbox"/>		41-50 <input type="checkbox"/>		
		51-60 <input type="checkbox"/>		over 61 <input type="checkbox"/>		
3. LOCATION OF YOUR WORK ORGANIZATION: FIRST DIGIT (VIEWGRAPH)		SECOND DIGIT				
		01 <input type="checkbox"/>		02 <input type="checkbox"/>		
		03 <input type="checkbox"/>		04 <input type="checkbox"/>		
		05 <input type="checkbox"/>		06 <input type="checkbox"/>		
		07 <input type="checkbox"/>		08 <input type="checkbox"/>		
		09 <input type="checkbox"/>				
4. INDICATE THE TYPE OF ORGANIZATION IN WHICH YOU HAVE AN EMERGENCY MANAGEMENT ROLE:	GOVERNMENT <input type="checkbox"/>		PRIVATE SECTOR <input type="checkbox"/>		VOLUNTARY SERVICE <input type="checkbox"/>	
	Federal <input type="checkbox"/>		Business <input type="checkbox"/>		Non-Governmental Organization <input type="checkbox"/>	
	State <input type="checkbox"/>		Industry <input type="checkbox"/>		Private Volunteer Organization <input type="checkbox"/>	
	County <input type="checkbox"/>		Education <input type="checkbox"/>		Faith-Based Organization <input type="checkbox"/>	
	City/Town <input type="checkbox"/>		Other <input type="checkbox"/>		Community-Based Organization <input type="checkbox"/>	
	Tribal <input type="checkbox"/>				Other <input type="checkbox"/>	
	Territory <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"/>		Health Care <input type="checkbox"/>			
	Law Enforcement <input type="checkbox"/>		Voluntary Organization <input type="checkbox"/>			
	Public Works/Utilities <input type="checkbox"/>		Other <input type="checkbox"/>			
7. INDICATE YOUR PRIMARY EMERGENCY MANAGEMENT ROLE:	Elected Official <input type="checkbox"/>		Technical Specialist <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"/>		
9. YEARS OF FORMAL EDUCATION:		12 <input type="checkbox"/>		13-16 <input type="checkbox"/>		
				More than 16 <input type="checkbox"/>		
10. PRINTED MATERIAL WERE:		a. well organized		a. <input type="checkbox"/>		
		b. complete		b. <input type="checkbox"/>		
11. AUDIO-VISUAL MATERIALS WERE:		a. related to the course		a. <input type="checkbox"/>		
		b. good quality		b. <input type="checkbox"/>		
		c. in appropriate number		c. <input type="checkbox"/>		
12. INSTRUCTION:		a. materials were related to class needs		a. <input type="checkbox"/>		
		b. subject was thoroughly covered		b. <input type="checkbox"/>		
		c. participation was encouraged		c. <input type="checkbox"/>		
		d. course expectations, requirements and objectives were made clear		d. <input type="checkbox"/>		
		e. differences of opinion were tolerated		e. <input type="checkbox"/>		
13. CLASSROOM:		a. was comfortable		a. <input type="checkbox"/>		
		b. included a manageable number of students		b. <input type="checkbox"/>		
		c. was appropriate for this course		c. <input type="checkbox"/>		
14. COURSE		a. used a variety of instructional methods		a. <input type="checkbox"/>		
		b. was a reasonable length		b. <input type="checkbox"/>		
		c. is worth recommending to others		c. <input type="checkbox"/>		
		d. contributed to my knowledge and skills		d. <input type="checkbox"/>		
		e. prepared me to deal with disasters and emergencies		e. <input type="checkbox"/>		
15. MY KNOWLEDGE OF THE SUBJECT:		a. is extensive after completing this course		a. <input type="checkbox"/>		
		b. was already extensive before I took this course		b. <input type="checkbox"/>		

PARTICIPANT PROFILE

COURSE ASSESSMENT

SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION (SPACE PROVIDED ON NEXT PAGE FOR DISAGREEMENT)

STRONGLY DISAGREE    DISAGREE    NEUTRAL    AGREE    STRONGLY AGREE    NOT APPLICABLE

FEED THIS DIRECTION

FEMA Form 092-0-3

GS99

EW-F2491-4 654321

SCANTION\*

**Paperwork Reduction Act Burden Disclosure Notice FEMA Form 092-0-3**

Public reporting burden for this survey is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the survey. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. 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 Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0130) **NOTE: Do not send your completed form to this address.**

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SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION			STRONGLY DISAGREE	DISAGREE	NEUTRAL	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"/>						
	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"/>						
17. STUDENT SERVICES:	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					
	18. COURSE CONTENT AND INDIVIDUAL INSTRUCTOR RATING:			LOWEST					HIGHEST	LOWEST				
			1	2	3	4	5	1	2	3	4	5		
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	
19. OVERALL COURSE RATING:			1	2	3	4	5	1	2	3	4	5		
			<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"/>	<input type="checkbox"/>	
<b>REMARKS</b>														
The most valuable aspects of the course include:														
The least valuable aspects of the course include:														
My suggestions for improvement are:														

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