

NATIONAL EMERGENCY TRAINING CENTER  
EMERGENCY MANAGEMENT INSTITUTE



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

COURSE EVALUATION FORM

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.

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"/> 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: (VIEWGRAPH) _____		FIRST DIGIT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 SECOND DIGIT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																						
4. INDICATE THE TYPE OF ORGANIZATION IN WHICH YOU HAVE AN EMERGENCY MANAGEMENT ROLE:		<table border="1"> <tr> <th>GOVERNMENT</th> <th>PRIVATE SECTOR</th> <th>VOLUNTARY SERVICE</th> </tr> <tr> <td>Federal <input type="checkbox"/></td> <td>Business <input type="checkbox"/></td> <td>Red Cross <input type="checkbox"/></td> </tr> <tr> <td>State <input type="checkbox"/></td> <td>Industry <input type="checkbox"/></td> <td>Church Organization <input type="checkbox"/></td> </tr> <tr> <td>County <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td>Scouts <input type="checkbox"/></td> </tr> <tr> <td>City/Town <input type="checkbox"/></td> <td></td> <td>RACES <input type="checkbox"/></td> </tr> <tr> <td>Special District <input type="checkbox"/></td> <td></td> <td>CAP <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td></td> <td>Other <input type="checkbox"/></td> </tr> </table>		GOVERNMENT	PRIVATE SECTOR	VOLUNTARY SERVICE	Federal <input type="checkbox"/>	Business <input type="checkbox"/>	Red Cross <input type="checkbox"/>	State <input type="checkbox"/>	Industry <input type="checkbox"/>	Church Organization <input type="checkbox"/>	County <input type="checkbox"/>	Other <input type="checkbox"/>	Scouts <input type="checkbox"/>	City/Town <input type="checkbox"/>		RACES <input type="checkbox"/>	Special District <input type="checkbox"/>		CAP <input type="checkbox"/>	Other <input type="checkbox"/>		Other <input type="checkbox"/>
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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"/> 16-20 <input type="checkbox"/> 1-5 <input type="checkbox"/> 11-15 <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"/>																						
		<b>SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION</b> <b>(SPACE PROVIDED ON NEXT PAGE FOR DISAGREEMENT)</b>																						
		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"/>																						

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**OVERALL COURSE EVALUATION**

<b>SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION</b>		<b>16. ADMISSIONS/REGISTRATION:</b>		<b>17. STUDENT SERVICES:</b>		<b>18. INDIVIDUAL INSTRUCTOR RATING:</b>		<b>19. OVERALL COURSE RATING:</b>		<b>REMARKS</b>																		
<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>UNSURE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>	<b>NOT APPLICABLE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>			
						a. acceptance notice was timely																						
						b. logistics package was informative																						
						c. registration was efficiently handled																						
						d. student services personnel were helpful and courteous																						
						a. transportation was adequate from airports to campus																						
						b. lodging was appropriate and well maintained																						
						c. a wide variety of wholesome food was available																						
						d. sufficient recreational amenities were available																						
						e. required resources and services were available																						
						f. security staff were helpful, courteous and available at the Learning Resource Center																						

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