

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: 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 (VIEWGRAPH) 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:	GOVERNMENT <input type="checkbox"/>	PRIVATE SECTOR <input type="checkbox"/>	VOLUNTARY SERVICE <input type="checkbox"/>																																						
	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"/>																																							
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"/>																																									
<p align="center">SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION (SPACE PROVIDED ON NEXT PAGE FOR DISAGREEMENT)</p>																																									
	<p align="center">STRONGLY DISAGREE DISAGREE UNSURE AGREE STRONGLY AGREE NOT APPLICABLE</p>																																								
10. PRINTED MATERIAL WERE:	<table border="0"> <tr> <td>a. well organized</td> <td>a.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. complete</td> <td>b.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. readable (printed well)</td> <td>c.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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"/>																
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11. AUDIO-VISUAL MATERIALS WERE:	<table border="0"> <tr> <td>a. related to the course</td> <td>a.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. good quality</td> <td>b.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. in appropriate number</td> <td>c.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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"/>																
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12. INSTRUCTION:	<table border="0"> <tr> <td>a. materials were related to class needs</td> <td>a.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. subject was thoroughly covered</td> <td>b.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. participation was encouraged</td> <td>c.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. course expectations, requirements and objectives were made clear</td> <td>d.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. differences of opinion were tolerated</td> <td>e.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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"/>
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13. CLASSROOM:	<table border="0"> <tr> <td>a. was comfortable</td> <td>a.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. included a manageable number of students</td> <td>b.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. was appropriate for this course</td> <td>c.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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"/>																
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14. COURSE	<table border="0"> <tr> <td>a. used a variety of instructional methods</td> <td>a.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. was a reasonable length</td> <td>b.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. was worth recommending to others</td> <td>c.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. contributed to my knowledge and skills</td> <td>d.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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"/>								
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15. MY KNOWLEDGE OF THE SUBJECT:	<table border="0"> <tr> <td>a. is extensive after completing this course</td> <td>a.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. was already extensive before I took this course</td> <td>b.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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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Paperwork Burden Disclosure Notice

Public reporting burden for this data collection 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 this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on 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 Street, SW, Washington, DC 20472, Paperwork Reduction Project (1650-0034) **NOTE: Do not send your completed form to this address.**

- USE NO. 2 PENCIL OR BLUE/BLACK PEN
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OVERALL COURSE EVALUATION

19. OVERALL COURSE RATING:		FACILITIES ASSESSMENT									
1	2	3	4	5	17. STUDENT SERVICES:		16. ADMISSIONS/REGISTRATION:		15. FACILITIES ASSESSMENT:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. acceptance notice was timely	a. transportation was adequate from airports to campus	a. registration was efficiently handled	a. logistics package was informative	a. registration was timely	a. acceptance notice was timely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. lodging was appropriate and well maintained	b. student services personnel were helpful and courteous	b. registration was efficiently handled	b. registration was informative	b. registration was timely	b. registration was timely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. a wide variety of wholesome food was available	c. sufficient recreational amenities were available	c. registration was efficiently handled	c. registration was informative	c. registration was timely	c. registration was timely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. required resources and services were available	d. student services personnel were helpful and courteous	d. registration was efficiently handled	d. registration was informative	d. registration was timely	d. registration was timely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. at the Learning Resource Center	e. sufficient recreational amenities were available	e. registration was efficiently handled	e. registration was informative	e. registration was timely	e. registration was timely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. security staff were helpful, courteous and available	f. security staff were helpful, courteous and available	f. registration was efficiently handled	f. registration was informative	f. registration was timely	f. registration was timely	

18. INDIVIDUAL INSTRUCTOR RATING: SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION. "1" IS THE LOWEST RATING, "5" IS THE HIGHEST.		19. OVERALL COURSE RATING:		FACILITIES ASSESSMENT									
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PLEASE CHECK TO MAKE SURE YOU HAVE COMPLETED ALL QUESTIONS. THANK YOU FOR YOUR COOPERATION.