DEPARTMENT OF HOMELAND SECURITY

Transportation Security Administration

**END-OF-COURSE EVALUATION**

**INSTRUCTIONS:** This evaluation may be used to solicit/provide training feedback for training provided by the TSA Federal Air Marshall Service (FAMS) Canine Training and Evaluation Section (CTES).  Participant responses may be submitted anonymously.  Complete applicable fields appropriate to the course.  Return completed evaluations as directed by the training provider or issuing oversight official.

***Please print double-sided.***

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| Name *(Optional)*: | | |  | | | | | | E-mail *(Optional)*: | | | |  | | | | | | | | | | | | | | |
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| Course Title: | |  | | | | | | | | | | Course Code: | | |  | | | | | | | | | | | | |
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| Course Location: |  | | | | | | | Course Dates: | | | /    /  Through *(if applicable)*     /    / | | | | | | Total Course Hours: | | |  | | | | | | | |
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| 5 = Strongly Agree  4 = Agree  3 = Can’t Decide  2 = Disagree  1 = Strongly Disagree  N/A = Not Applicable | | | | means  means  means  means  means  means | True all of the time or response is ‘Yes’.  True most of the time.  Neutral position or no opinion.  True some of the time.  True none of the time or response is ‘No’.  Does not apply. | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION I. Course Evaluation** | | | | | | | | | | | | | | **5** | | | **4** | **3** | | | **2** | | | **1** | | **N/A** | |
| 1. The course content matched the learning objectives. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 2. The course materials were at an appropriate level to understand the learning objectives. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 3. The course length was sufficient to deliver the content. Too long/too short? | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 4. The learning aids (e.g., workbooks, handouts, role-playing exercises, slides) assisted my learning. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 5. The course design (e.g., materials and learning activities) encouraged my participation in the class. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 6. The course provided opportunities to practice and reinforce what was taught. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 7. This quiz questions helped me to learn the course information. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 8. The course content was free of biases and prejudices. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
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| **SECTION II. Instructor Evaluation** | | | | | | | | | | | | | | **5** | | | **4** | **3** | | | **2** | | | **1** | | **N/A** | |
| 9. The instructors were prepared for class. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 10. The instructors were knowledgeable about the technical content of the course materials. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 11. The instructors’ responses to questions were clear and understandable. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 12. The instructors conducted the training in a professional manner. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
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| **SECTION III. Instructional Environment Evaluation** | | | | | | | | | | | | | | **5** | | | **4** | **3** | | | **2** | | | **1** | | **N/A** | |
| 13. The training facilities were suitable for learning. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 14. There was adequate accommodation for any special needs. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
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| **SECTION IV. Training Benefit** | | | | | | | | | | | | | | **5** | | | **4** | **3** | | | **2** | | | **1** | | **N/A** | |
| 24. The training was relevant to improving the knowledge/skills I need to accomplish my job. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 25. The practical exercises were good simulations of the tasks that I actually perform on my job. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
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| GA = Great Amount (Expert), CA = Considerable Amount, S = Some, VL = Very Little, N = None | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION V. Self Assessment** | | | | | | | | | | | | | | | | **GA** | | **CA** | | | | **S** | | | **VL** | | **N** |
| 26. What was your level of knowledge/skills in this training area ***prior*** to taking this course? | | | | | | | | | | | | | | | |  | |  | | | |  | | |  | |  |
| 27. What was your level of knowledge/skills in this training area ***after*** taking this course? | | | | | | | | | | | | | | | |  | |  | | | |  | | |  | |  |
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| 5 = Strongly Agree, 4 = Agree, 3 = Can’t Decide, 2 = Disagree, 1 = Strongly Disagree, N/A = Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION VI. Test Evaluation** | | | | | | | | | | | | | | **5** | | | **4** | **3** | | | **2** | | | **1** | | **N/A** | |
| 28. Examination instructions were administered and clearly understandable. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 29. Examination questions were consistent with the course information and learning objectives taught. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 30. Examination questions were clearly written and understandable. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
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| **SECTION VII. Overall Ratings** | | | | | | | | | | | | | | **5** | | | **4** | **3** | | | **2** | | | **1** | | **N/A** | |
| 31. Overall, I am satisfied with the training course. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 32. Overall, I am satisfied with the instructor(s). | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
| 33. Overall, I am satisfied with the training environment. | | | | | | | | | | | | | |  | | |  |  | | |  | | |  | |  | |
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| **SECTION VIII. Comments** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Which parts of the course were most valuable? *(Explain)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. Which parts of the course were least valuable? *(Explain)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36. Any other comments or suggestions? | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**PAPERWORK REDUCTION ACT STATEMENT OF PUBLIC BURDEN:**  Providing this information is voluntary. TSA will use the information to improve course curriculum and instruction.  It will take no more than one hour to complete this form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number assigned to this collection is OMB 1652-0041, which expires on XX/XX/XX.