

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.

Name (Optional): _____ E-mail (Optional): _____

Course Title: _____ Course Code: _____

Course Location: _____ Course Dates: _____ / _____ / _____
Through (if applicable) _____ / _____

Total Course Hours: _____

5 = Strongly Agree means True all of the time or response is 'Yes'.
4 = Agree means True most of the time.
3 = Can't Decide means Neutral position or no opinion.
2 = Disagree means True some of the time.
1 = Strongly Disagree means True none of the time or response is 'No'.
N/A = Not Applicable means Does not apply.

SECTION I. Course Evaluation	5	4	3	2	1	N/A
1. The course content matched the learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The course materials were at an appropriate level to understand the learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The course length was sufficient to deliver the content. Too long/too short?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The learning aids (e.g., workbooks, handouts, role-playing exercises, slides) assisted my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The course design (e.g., materials and learning activities) encouraged my participation in the class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The course provided opportunities to practice and reinforce what was taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. This quiz questions helped me to learn the course information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The course content was free of biases and prejudices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II. Instructor Evaluation	5	4	3	2	1	N/A
9. The instructors were prepared for class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The instructors were knowledgeable about the technical content of the course materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The instructors' responses to questions were clear and understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The instructors conducted the training in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III. Instructional Environment Evaluation	5	4	3	2	1	N/A
13. The training facilities were suitable for learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. There was adequate accommodation for any special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The practical exercises were good simulations of the tasks that I actually perform on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GA = Great Amount (Expert), CA = Considerable Amount, S = Some, VL = Very Little, N = None

SECTION V. Self Assessment	GA	CA	S	VL	N
26. What was your level of knowledge/skills in this training area <i>prior</i> to taking this course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. What was your level of knowledge/skills in this training area <i>after</i> taking this course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 = Strongly Agree, 4 = Agree, 3 = Can't Decide, 2 = Disagree, 1 = Strongly Disagree, N/A = Not Applicable

SECTION VI. Test Evaluation	5	4	3	2	1	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Examination instructions were administered and clearly understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Examination questions were consistent with the course information and learning objectives taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Examination questions were clearly written and understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VII. Overall Ratings	5	4	3	2	1	N/A
31. Overall, I am satisfied with the training course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Overall, I am satisfied with the instructor(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Overall, I am satisfied with the training environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VIII. Comments
34. Which parts of the course were <u>most</u> valuable? <i>(Explain)</i>
35. Which parts of the course were <u>least</u> valuable? <i>(Explain)</i>
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.

