

**Center for Domestic Preparedness**  
**Level 1 Assessment Form**

OMB No. 1660NEW  
Expiration:

**1. Indicate your primary discipline (choose only one).**

- |   |  |
|---|--|
| <input type="radio"/> 01 Emergency Management             | <input type="radio"/> 07 Government Administrative |
| <input type="radio"/> 02 Fire Service                     | <input type="radio"/> 08 Healthcare (non-EMS)      |
| <input type="radio"/> 03 HAZMAT                           | <input type="radio"/> 09 Public Health             |
| <input type="radio"/> 04 Law Enforcement                  | <input type="radio"/> 10 Public Works              |
| <input type="radio"/> 05 Public Safety Communications     | <input type="radio"/> 11 Other                     |
| <input type="radio"/> 06 Emergency Medical Services (EMS) |  |

**2. My knowledge level of the subject prior to completing this course was**

- 1 expert.  
 2 intermediate.  
 3 basic.

**3. Rate the quality of instruction from 0 (Very poor) to 5 (Excellent), as well as how much your knowledge and confidence increased from 0 (Not at all) to 5 (Greatly).**

Module	Quality of Instruction	My Knowledge Increase	My Confidence Increase
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5

**3. Rate the quality of facilitation from 0 (Very poor) to 5 (Excellent), as well as how much your skill and confidence increased from 0 (Not at all) to 5 (Greatly).**

Module	Quality of Facilitation	My Skill Increase	My Confidence Increase
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
<INSERT TEXT HERE>	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5

**4. The course (overall): Rate your experience from 0 (Not at all) to 5 (Totally).**

- a. employed a variety of instructional methods.  0  1  2  3  4  5
- b. was an appropriate length for the material covered.  0  1  2  3  4  5
- c. is worth recommending to others.  0  1  2  3  4  5

**5. The instructors (overall):**

- a. answered questions thoroughly.  0  1  2  3  4  5
- b. encouraged student participation.  0  1  2  3  4  5
- c. covered all course learning objectives.  0  1  2  3  4  5
- d. conducted themselves in a professional manner.  0  1  2  3  4  5

6. Which part(s) of the training was/were the MOST valuable to you? Explain why.

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7. Which part(s) of the training was/were the LEAST valuable to you? Explain why.

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8. Provide any other comments you have on improving this course.

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9. Classroom/training site(s) was/were: Rate from 0 (Very poor) to 5 (Excellent).

- a. comfortable. 0 1 2 3 4 5
- b. appropriate for the number of students. 0 1 2 3 4 5

10. Printed materials were:

- a. well organized. 0 1 2 3 4 5
- b. complete. 0 1 2 3 4 5
- c. readable (i.e., printed well). 0 1 2 3 4 5

11. Audio-visual materials were:

- a. of good quality. 0 1 2 3 4 5
- b. appropriate to course content. 0 1 2 3 4 5
- c. an enhancement to course content. 0 1 2 3 4 5

12. Student services

- a. Questions regarding training and forms were answered in a timely manner prior to attending this course. 0 1 2 3 4 5
- b. Travel and information package was informative. 0 1 2 3 4 5
- c. Transportation to and from classes was satisfactory. 0 1 2 3 4 5
- d. Transportation to and from the airport was satisfactory. 0 1 2 3 4 5 NA
- e. Inprocessing was efficiently handled. 0 1 2 3 4 5
- f. Staff provided appropriate assistance. 0 1 2 3 4 5
- g. Staff was responsive to my needs. 0 1 2 3 4 5

13. Facilities

- a. Lodging was well maintained. 0 1 2 3 4 5 NA
- b. A variety of food was available to meet my dietary needs. 0 1 2 3 4 5 NA

14. How did you hear about the CDP?

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15. What is the best way to inform other responders about training available through the CDP?

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16. I am better prepared to deal with disasters or emergencies as a result of this training.

- |     |    |    |
|-----|----|----|
| Yes | No | NA |
| ①   | ②  | NA |

Public reporting burden for this survey is estimated to average 15 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. 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-XXXX). The following collection of information is voluntary. NOTE: Do not send your completed form to this address.