

NATIONAL EMERGENCY TRAINING CENTER
EMERGENCY MANAGEMENT INSTITUTE



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

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.

COURSE EVALUATION FORM

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"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> over 60 <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:	<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>Non-Governmental Organization <input type="checkbox"/></td> </tr> <tr> <td>State <input type="checkbox"/></td> <td>Industry <input type="checkbox"/></td> <td>Private Volunteer Organization <input type="checkbox"/></td> </tr> <tr> <td>County <input type="checkbox"/></td> <td>Education <input type="checkbox"/></td> <td>Faith-Based Organization <input type="checkbox"/></td> </tr> <tr> <td>City/Town <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td>Community-Based Organization <input type="checkbox"/></td> </tr> <tr> <td>Tribal <input type="checkbox"/></td> <td></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Territory <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	GOVERNMENT	PRIVATE SECTOR	VOLUNTARY SERVICE	Federal <input type="checkbox"/>	Business <input type="checkbox"/>	Non-Governmental Organization <input type="checkbox"/>	State <input type="checkbox"/>	Industry <input type="checkbox"/>	Private Volunteer Organization <input type="checkbox"/>	County <input type="checkbox"/>	Education <input type="checkbox"/>	Faith-Based Organization <input type="checkbox"/>	City/Town <input type="checkbox"/>	Other <input type="checkbox"/>	Community-Based Organization <input type="checkbox"/>	Tribal <input type="checkbox"/>		Other <input type="checkbox"/>	Territory <input type="checkbox"/>			Other <input type="checkbox"/>																		
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5. IF YOU WORK IN A LOCAL GOVERNMENT INDICATE THE SIZE OF THE POPULATION: Less than 40,000 <input type="checkbox"/> 40,001 - 200,000 <input type="checkbox"/> 200,001 - 500,000 <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"/> Chief Executive/Administrator <input type="checkbox"/> Emergency Management <input type="checkbox"/> Fire Service <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Public Works/Utilities <input type="checkbox"/> Rescue <input type="checkbox"/> Shelter/Evacuation <input type="checkbox"/> Radiological <input type="checkbox"/> Health Care <input type="checkbox"/> Voluntary Organization <input type="checkbox"/> Other <input type="checkbox"/>																																									
7. INDICATE YOUR PRIMARY EMERGENCY MANAGEMENT ROLE: Elected Official <input type="checkbox"/> Appointed Executive <input type="checkbox"/> Department Head <input type="checkbox"/> Supervisor <input type="checkbox"/> Training Specialist <input type="checkbox"/> Technical Specialist <input type="checkbox"/> Support Staff <input type="checkbox"/> Advisor/Consultant <input type="checkbox"/> Public Information Specialist <input type="checkbox"/> Other <input type="checkbox"/>																																									
8. YEARS OF EXPERIENCE IN EMERGENCY MANAGEMENT: Less than 1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> Over 20 <input type="checkbox"/>																																									
9. YEARS OF FORMAL EDUCATION: 12 <input type="checkbox"/> 13-16 <input type="checkbox"/> More than 16 <input type="checkbox"/>																																									
SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION (SPACE PROVIDED ON NEXT PAGE FOR DISAGREEMENT)																																									
	<table border="1"> <tr> <th>STRONGLY DISAGREE</th> <th>DISAGREE</th> <th>NEUTRAL</th> <th>AGREE</th> <th>STRONGLY AGREE</th> <th>NOT APPLICABLE</th> </tr> </table>	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	NOT APPLICABLE																																		
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10. PRINTED MATERIAL WERE:	<table border="1"> <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="1"> <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="1"> <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="1"> <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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15. MY KNOWLEDGE OF THE SUBJECT:	<table border="1"> <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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PARTICIPANT PROFILE

COURSE ASSESSMENT

FEED THIS DIRECTION

FEMA Form 092-0-3

GS99

EIV-F2491-6664321

SCANTRON

