**National Traffic Incident Management (TIM) Responder Training Program**

**Train-the-Trainer Course Evaluation Form**

**Demographics**

|  |  |
| --- | --- |
| Training Location  (City, State): |  |
| Training Dates: |  |
| Name  (Optional): |  |
| Agency or Organization: |  |
| Primary TIM Discipline: | Law Enforcement  Fire  Towing  EMS  Transportation  Other |

**Instructions:** Please answer the following questions about the TIM training that you just received. Check only one box indicating the degree to which you agree or disagree with each statement. You may also provide comments or explanations in the spaces provided.

**Overall Training and Content**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Check only one box for each statement) | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 1. The content of this training course was valuable to me in developing my knowledge of this subject matter and my ability to train others. |  |  |  |  |  |
| 1. The content of this training appropriately built on my existing knowledge of TIM. |  |  |  |  |  |
| 1. I am satisfied that the learning objectives for this training were met. |  |  |  |  |  |
| 1. I believe that the time dedicated to each lesson was appropriate. |  |  |  |  |  |
| 1. Based on the training I received, I am able to explain the subject matter and train other TIM responders. |  |  |  |  |  |
| 1. During the training I learned methods/practices that I can transfer/teach to responders to help mitigate incident impacts. |  |  |  |  |  |
| 1. The course helped me further appreciate the responder and motorist safety element of TIM and how quick clearance also promotes safety. |  |  |  |  |  |

1. Comments or Explanation

**Instructor(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Check only one box for each statement) | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 1. The instructor clearly explained the goals and objectives of the training. |  |  |  |  |  |
| 1. The instructor clearly conveyed the material to the audience. |  |  |  |  |  |
| 1. The instructor’s knowledge of the subject matter was satisfactory. |  |  |  |  |  |
| 1. The instructor’s pace of presenting the material was appropriate. |  |  |  |  |  |
| 1. The instructor satisfactorily answered participants’ questions. |  |  |  |  |  |
| 1. The instructor satisfactorily used training aids (e.g. PowerPoint slides, activities, etc.) to help facilitate a clearer understanding of the topic. |  |  |  |  |  |

1. Comments or Explanation

**Instructor-Specific Materials**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Check only one box for each statement) | Strongly Agree | Agree | Neutral or N/A | Disagree | Strongly Disagree |
| 1. Based on the training and materials I received, I am confident that I can setup and conduct the National TIM Responder course. |  |  |  |  |  |
| 1. The Trainer Guides will help me facilitate/deliver the National TIM Responder course. |  |  |  |  |  |
| 1. I am satisfied that the slide presentations, videos, exercises, and other visual aids provide a good foundation for teaching the National TIM Responder course. |  |  |  |  |  |

1. Comments or Explanation

1. If you believe that the course contains gaps or omits any content that would be valuable, please describe.