



DEPARTMENT OF HOMELAND SECURITY
EMERGENCY COMMUNICATIONS DIVISION
TECHNICAL ASSISTANCE (TA) EVALUATION FORM

OMB No. 1670-0023
Expiration Date: 06/30/2019

Instructions

Read all instructions before completing this form

Privacy Act Statement

Authority: Title XVIII of the Homeland Security Act of 2002, 6 U.S.C. § 101 et seq., and the Implementing Recommendations of the 9/11 Commission Act or 2007 (6 U.S.C. 579(m) authorizes the collection of this information.

Purpose: The primary purpose of this collection is to collate requests for technical assistance and evaluate the impact of requests on the attainment of the National Emergency Communications Plan's goals, objectives, and initiatives.

Routine Uses: The information collected maybe disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary and authorized by the routine uses published in DHS/AII-002 Mailing and Other Lists Records System of Records (November 28, 2008, 73 FR 71659).

Disclosure: Providing this information is voluntary, however, failure to provide this information may delay or prevent the Office of Emergency Communications in determining resources available to provide technical assistance services.

Filling out DHS Form 9042

Technical Assistance Engagement Evaluator:

Each participant in an ECD TA workshop or the principal stakeholder involved with a TA engagement is requested to complete this form.

SECTION 1

Title: Enter the name of the Technical Assistance service provided, (e.g., Standard Operating Procedures, Communications Unit Planning, Auxiliary Communications Workshop, etc.)

Work Order Number: Enter Work Order Number (e.g., WO18-056)

SWIC/TA Point of Contact: Enter the name of the person completing this form, (Primary/on-site contact for the TA service)

Location: Enter the workshop, seminar, course location, (where was the TA service provided)

Date: Enter the date of the workshop, seminar, course (date TA service was provided)

Instructor(s): Enter the name of the ECD Staff/SME that provided the TA service

SECTION 2

Evaluate the Technical Assistance service provided: Please answer the following 7 questions by checking the appropriate box using the below evaluation scale:

- 1 - Strongly Disagree
- 2 - Somewhat Disagree
- 3 - Neutral
- 4 - Somewhat Agree
- 5 - Strongly Agree

SECTION 3

Please answer the following 5 questions to improve the quality of future Technical Assistance Service Offerings.

Submitting the completed form:

TA Evaluations may be completed and submitted electronically at <https://www.dhs.gov/publication/ictapscip-resources> or PDF copies may be submitted via email to: TAevaluations@hq.dhs.gov.

What is the purpose of this form?

DHS Form 9042, Emergency Communications Division (ECD) Technical Assistance (TA) Evaluation Form, is voluntarily completed by stakeholders receiving ECD TA.

ECD will use the information collected through these evaluations to assess the effectiveness of its TA service offerings and for continued improvement to its TA planning.

TA service offerings are described in the ECD TA Guide. (<https://www.dhs.gov/publication/ictapscip-resources>)

Paperwork Reduction Act Notice.

The public reporting burden to complete this information collection is estimated at 5 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to DHS/CISA/ECD, 245 Murray Lane, SW, Mail Stop 0640, Arlington, VA 20528 ATTN: PRA [1670-0023]

Title:	Work Order Number:	SWIC/TA Point of Contact:
Location:	Date(s):	Instructor(s):

Please answer the following questions about your experience in this Technical Assistance Workshop according to the scale below:

	1		2		3		4		5			
	Strongly Disagree		Somewhat Disagree		Neutral		Somewhat Agree		Strongly Agree			
							N/A	1	2	3	4	5
1. This Technical Assistance service was successful in assisting us with our Objectives and Goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The workshop material was presented in a professional manner and was clear and easily understood by the participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Technical Assistance final deliverable(s) met or exceeded expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This Technical Assistance was received on time, as scheduled during the planning process with ECD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor's presentation, content knowledge and class exercises were effective in enhancing course content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This Technical Assistance improved our interoperable emergency communications knowledge and capabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would recommend this Technical Assistance Service Offering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following sections to provide any additional information to improve the quality of future Technical Assistance Service Offerings:

1. What did you like most about this Technical Assistance?

2. What did you not like, or what seemed to not work well?

3. What suggestions do you have for improving the learning experience?

4. What would you add or delete from this Technical Assistance Workshop?

5. How does this Technical Assistance support and/or enhance interoperable emergency communications in your State/region/locality?

For More Information about ECD/ICTAP Technical Assistance (TA) Offerings and Resources Visit:
<https://www.dhs.gov/ictapscip-resources>

Please E-Mail this completed form to: TAevaluations@hq.dhs.gov
Or complete it on-line at: <https://www.dhs.gov/publication/ictapscip-resources>