

# Center for Domestic Preparedness (CDP) Level 3 Evaluation Form for Supervisors

OMB No: 1660-xxxx

FEMA Form 092-0-02B

Expiration:

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-NEW). This collection of information is voluntary. **NOTE: Do not send your completed form to this address.**

## Part 1 of 2 - Evaluation of Training Impacts

Student Name:	<input type="text"/>
Course Dates:	<input type="text"/>
Course Title:	<input type="text"/>
Course Code:	<input type="text"/>

Please indicate your level of agreement or disagreement with each statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. The training improved the job performance of the student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The course contributed to the student's professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The course prepared the student for the next level of responsibility in our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Concepts or skills gained have been incorporated into the functions of this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The concepts or skills gained are likely to improve the performance of this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The course has met the expectations we had in sending our department member to the CDP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The training helped our organization be better prepared for responding to an all hazards event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The student trained colleagues in the concepts or skills learned at the CDP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am likely to recommend CDP training to other personnel in our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. This training has helped to positively change my organization/jurisdictions: > setting of strategic goals and plans > developing incident management plans > processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the next page

## Center for Domestic Preparedness (CDP) Level 3 Evaluation Form for Supervisors

**Part 2 of 2 - Supervisor and Department Statistics****1. How many years have you been in your current profession/field of service?****2. What percentage of your organization has had CDP training?****3. Have you ever attended CDP-sponsored courses?** (Mark as many as apply.)☐ Yes, CDP on-campus courses☐ Yes, CDP off-campus courses☐ No, I have never attended a CDP course*If you answered yes to question number 3 above, please skip to question 5.***4. If you have never attended a CDP course, is this because you think the course(s) would...** (Mark all that apply.)☐ Not be up to your expectations?☐ Not meet your skill level by being too advanced?☐ Not meet your skill level by being too basic?☐ Take too much time away from your work time?☐ Require too much traveling?☐ Be more useful if offered online?☐ Conflict with family responsibilities?☐ Other

If Other, please specify

**5. Please tell us what you think are emerging issues that should be considered as topics for future CDP courses.****6. Additional comments?**

You may also submit this form by clicking the Save button on your Adobe reader, then e-mailing to [CDPEvaluations@cdpemail.dhs.gov](mailto:CDPEvaluations@cdpemail.dhs.gov); or, by clicking the E-mail button on your Adobe reader and e-mailing to the same address.