



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

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FEMA Form 092-0-02A  
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 - Please Tell Us About Your Background and Place of Work

Course Dates:

Course Title:

Course Code:

1. How many CDP *on-campus* resident courses have you taken during your career?

2. How many CDP *off-campus* courses have you taken during your career?

3. How would you describe the primary population served by your department or organization? (Mark all that apply.)

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Urban    | <input type="checkbox"/> Statewide       | <input type="checkbox"/> Non-Governmental Organization |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> County/District | <input type="checkbox"/> Institutional                 |
| <input type="checkbox"/> Rural    | <input type="checkbox"/> Parish          | <input type="checkbox"/> Private Sector                |
| <input type="checkbox"/> Tribal   | <input type="checkbox"/> Government      | <input type="checkbox"/> Other                         |

If Other, please specify

4. How many years have you been in your present position?  
If you are currently retired, indicate the years of service prior to your retirement.

5. Please indicate your present primary discipline.

If Other, please specify

6. What is the highest level of education you have achieved?

If Other, please specify



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## Part 2 of 2 - Course Feedback

### 1. Why did you take this course? (Mark all that apply.)

- Supervisor recommended it.
- Attendance required for my next duty or assignment.
- For general career advancement.
- Desire to broaden my perspective by working with personnel from departments across the country.
- Desire to increase my technical and professional knowledge.
- Other

If Other, please specify

### 2. Have you used any of the concepts or skills gained of this training on the job since returning to your department?

- Yes  No

### 3. Indicate your level of agreement or disagreement with each statement by selecting the appropriate value.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
a. What I learned from this course helped me do my job better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. This course has contributed to my professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My supervisor is aware of how this</b>						
c. course has improved my job performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. training has helped the department address problems in our community's high-risk areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>This CDP training has</b>						
e. assisted me in identifying the risk and threats that I may face in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. made me more safety conscious in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Concepts and skills gained from the course have</b>						
g. been incorporated into the staff development efforts of my department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. improved the performance of my department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>This training has helped my</b>						
i. department be better prepared to respond to an all hazards or terrorist event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 4. Would you recommend this course to others in your department?

### 5. Have you attended other (non-CDP) courses covering the same subject matter in the last three years?

- Yes  No



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### Part 2 of 2 - Course Feedback (continued)

**6. Please describe an incident or circumstance in which you applied your training from this CDP course, if applicable.**

**7. If you could change one thing to improve this training course, what would it be?**

**8. Please tell us what you think are emerging issues that should be considered as topics for future CDP courses.**

**9. Please add any comments you may have.**

*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.*