



ICTAP Training Survey Questions

OMB Control No.: 1670-NEW

OMB Expiration Date: MM/DD/YYYY

The purpose of this _____ survey is to obtain your anonymous feedback regarding the ____ course that you took in City, State on 0/0/00. Your feedback and experience with the training will help Cybersecurity and Infrastructure Security Agency (CISA) revise the course and make it available to additional students. We thank you in advance to taking the time to share your opinions regarding this course:

Paperwork Reduction Act Burden Statement:

The public reporting burden to complete this information collection is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of information is voluntary. 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 of information, including suggestions for reducing this

burden to DHS/CISA/ECD, 1110 N. Glebe Rd, CISA – NGR STOP 0645, Arlington, VA 20598-0645, ATTN: PRA [OMB
Control No. 1670–NEW]

1. In which state do you reside? *

 

2. I am assigned to the following type of agency: *

- Fire
- Police
- Local Emergency Management Agency
- State Emergency Management Agency
- Hospital

- Questions Responses
- Military
 - Federal entity
 - Other
 - I am not attached to any agency/organization
- Full-screen Snip

3. What is your overall rating of the course content? (on a score of 1-10, 10 being the best): *

0	1	2	3	4	5	6	7	8	9	10
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4. What is your overall rating of the instructors? (on a score of 1-10, 10 being the best): *

0	1	2	3	4	5	6	7	8	9	10
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5. Have you served as a _____ since taking the class? *

Yes

No

6. Does your agency plan on using this position in the future? *

Yes

No

I don't know

7. Please indicate under which circumstance(s) have you used the training and how long ago. *

	< 1 month	1-3 months	4-6 months	7-12 months	> 1 year	Not Used
Communications Planning for an incident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a response to an incident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications planning related to a planned event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a response to an incident during an event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within a National Incident Management System (NIMS) ICS structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have not used this training

8. What is your position and regular role/responsibility within your agency/office? Please do not include any personal identifiable information (PII) in your response. *

Enter your answer

9. In your opinion, do you think the _____ course helped prepare you to deploy as a _____?

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Yes, I am better prepared to deploy

No, the course did not add to my knowledge base

No, the course did not add to my knowledge base

No opinion

10. RECOMMENDATIONS: Provide any additional comments in the space below and please do not include any personal identifiable information (PII) in your response: *

Enter your answer