

NATIONAL EMERGENCY TRAINING CENTER  
EMERGENCY MANAGEMENT INSTITUTE



- USE NO. 2 PENCIL OR BLUE/BLACK PEN
- MAKE HEAVY, DARK MARKS
- ERASE COMPLETELY TO CHANGE
- SAMPLE:

You are not required to respond to this collection of information unless a valid OMB Control Number is displayed in the upper right corner of this form.

COURSE EVALUATION FORM

PARTICIPANT PROFILE																									
COURSE TITLE _____																									
LOCATION (CITY/STATE) _____ DATES _____ TO _____																									
COURSE MANAGER _____																									
1. SEX: Female <input type="checkbox"/> Male <input type="checkbox"/>																									
2. AGE: Under 21 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> over 60 <input type="checkbox"/>																									
3. LOCATION OF YOUR WORK ORGANIZATION: FIRST DIGIT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (VIEWGRAPH) SECOND DIGIT <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																									
4. INDICATE THE TYPE OF ORGANIZATION IN WHICH YOU HAVE AN EMERGENCY MANAGEMENT ROLE:	<table border="1"> <thead> <tr> <th>GOVERNMENT</th> <th>PRIVATE SECTOR</th> <th>VOLUNTARY SERVICE</th> </tr> </thead> <tbody> <tr> <td>Federal <input type="checkbox"/></td> <td>Business <input type="checkbox"/></td> <td>Non-Governmental Organization <input type="checkbox"/></td> </tr> <tr> <td>State <input type="checkbox"/></td> <td>Industry <input type="checkbox"/></td> <td>Private Volunteer Organization <input type="checkbox"/></td> </tr> <tr> <td>County <input type="checkbox"/></td> <td>Education <input type="checkbox"/></td> <td>Faith-Based Organization <input type="checkbox"/></td> </tr> <tr> <td>City/Town <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td>Community-Based Organization <input type="checkbox"/></td> </tr> <tr> <td>Tribal <input type="checkbox"/></td> <td></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Territory <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	GOVERNMENT	PRIVATE SECTOR	VOLUNTARY SERVICE	Federal <input type="checkbox"/>	Business <input type="checkbox"/>	Non-Governmental Organization <input type="checkbox"/>	State <input type="checkbox"/>	Industry <input type="checkbox"/>	Private Volunteer Organization <input type="checkbox"/>	County <input type="checkbox"/>	Education <input type="checkbox"/>	Faith-Based Organization <input type="checkbox"/>	City/Town <input type="checkbox"/>	Other <input type="checkbox"/>	Community-Based Organization <input type="checkbox"/>	Tribal <input type="checkbox"/>		Other <input type="checkbox"/>	Territory <input type="checkbox"/>			Other <input type="checkbox"/>		
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	City/Town <input type="checkbox"/>	Other <input type="checkbox"/>	Community-Based Organization <input type="checkbox"/>																						
	Tribal <input type="checkbox"/>		Other <input type="checkbox"/>																						
Territory <input type="checkbox"/>																									
Other <input type="checkbox"/>																									
5. IF YOU WORK IN A LOCAL GOVERNMENT INDICATE THE SIZE OF THE POPULATION: Less than 40,000 <input type="checkbox"/> 40,001 - 200,000 <input type="checkbox"/> 200,001 - 500,000 <input type="checkbox"/> More than 500,000 <input type="checkbox"/>																									
6. INDICATE THE SERVICE IN WHICH YOU WORK: Council, Board or Commission Member <input type="checkbox"/> Chief Executive/Administrator <input type="checkbox"/> Emergency Management <input type="checkbox"/> Fire Service <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Public Works/Utilities <input type="checkbox"/> Rescue <input type="checkbox"/> Shelter/Evacuation <input type="checkbox"/> Radiological <input type="checkbox"/> Health Care <input type="checkbox"/> Voluntary Organization <input type="checkbox"/> Other <input type="checkbox"/>																									
7. INDICATE YOUR PRIMARY EMERGENCY MANAGEMENT ROLE: Elected Official <input type="checkbox"/> Appointed Executive <input type="checkbox"/> Department Head <input type="checkbox"/> Supervisor <input type="checkbox"/> Training Specialist <input type="checkbox"/> Technical Specialist <input type="checkbox"/> Support Staff <input type="checkbox"/> Advisor/Consultant <input type="checkbox"/> Public Information Specialist <input type="checkbox"/> Other <input type="checkbox"/>																									
8. YEARS OF EXPERIENCE IN EMERGENCY MANAGEMENT: Less than 1 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> Over 20 <input type="checkbox"/>																									
9. YEARS OF FORMAL EDUCATION: 12 <input type="checkbox"/> 13-16 <input type="checkbox"/> More than 16 <input type="checkbox"/>																									
SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION (SPACE PROVIDED ON NEXT PAGE FOR DISAGREEMENT)		STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	NOT APPLICABLE																		
10. PRINTED MATERIAL WERE:	a. well organized a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	b. complete b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	c. readable (printed well) c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
11. AUDIO-VISUAL MATERIALS WERE:	a. related to the course a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	b. good quality b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	c. in appropriate number c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
12. INSTRUCTION:	a. materials were related to class needs a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	b. subject was thoroughly covered b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	c. participation was encouraged c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	d. course expectations, requirements and objectives were made clear d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	e. differences of opinion were tolerated e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
13. CLASSROOM:	a. was comfortable a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	b. included a manageable number of students b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	c. was appropriate for this course c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
14. COURSE	a. used a variety of instructional methods a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	b. was a reasonable length b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	c. is worth recommending to others c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	d. contributed to my knowledge and skills d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	e. prepared me to perform my job better e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
15. MY KNOWLEDGE OF THE SUBJECT:	a. is extensive after completing this course a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
	b. was already extensive before I took this course b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

FEED THIS DIRECTION

FEMA Form 092-0-3

GS99

EIW-F2491-5654321

SCANTRON

Public reporting burden for this form 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 needed data, and completing, reviewing, and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0130). **Please do not send your completed survey to the above address.**

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**OVERALL COURSE EVALUATION**

19. OVERALL COURSE RATING:		OVERALL COURSE EVALUATION										18. COURSE CONTENT AND INDIVIDUAL INSTRUCTOR RATING:												
		T	S	P	O	T	O	N	M	L	K	S	I	H	G	H	I	D	C	O	A			
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5					
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