

END OF COURSE LEVEL 1 EVALUATION—INSTRUCTOR-LED CLASSROOM TRAINING FOR STUDENTS WHO ARE NOT TSA EMPLOYEES

INSTRUCTIONS: The purpose of this survey is to determine to what extent you were satisfied with your learning experience. Please answer each question candidly, as your feedback will help us to better understand your impression of the course. Your responses are encouraged and will be kept confidential. Using the ratings scale below, submit your completed evaluation as directed.

NOTE: No PII/SSI is allowed on this survey

Course Title: _____ **Course Date(s):** from: _____ to: _____

SA: Strongly Agree **A:** Agree **N:** Neither agree nor disagree **D:** Disagree **SD:** Strongly Disagree **N/A:** Not Applicable

For any item(s) rated *Strongly Disagree* or *Disagree*, please explain in Section VII, *Comments/Suggestions*

| SECTION I. Course Evaluation | | SA | A | N | D | SD | N/A |
|---|--|----|---|---|---|----|-----|
| 1. | I understood the learning objectives. | | | | | | |
| 2. | Course content aligned with learning objectives. | | | | | | |
| 3. | I was appropriately challenged by the material. | | | | | | |
| 4. | I was satisfied with the course length. | | | | | | |
| 5. | I was comfortable with the pace of the lessons. | | | | | | |
| 6. | The format (classroom, online, reading, etc.) of this training helped me to apply what I learned on the job. | | | | | | |
| 7. | Overall, I was satisfied with the course. | | | | | | |
| SECTION II. Training Benefit | | SA | A | N | D | SD | N/A |
| 1. | This training gave me knowledge or skills that I did not otherwise gain from on-the-job experience. | | | | | | |
| 2. | Applying the knowledge and skills from this training will make me more effective in leading TSA/DHS mission execution. | | | | | | |
| 3. | I have the support of my supervisor in applying what I have learned, back on the job. | | | | | | |
| 4. | I consider this training to have been a worthwhile investment in my professional development. | | | | | | |
| SECTION III. Part A. Instructor 1 OLC ID: _____ | | SA | A | N | D | SD | N/A |
| 1. | The instructor demonstrated knowledge of course content. | | | | | | |
| 2. | The instructor started and ended class sessions on time. | | | | | | |
| 3. | The instructor encouraged student participation. | | | | | | |
| 4. | The instructor provided constructive feedback. | | | | | | |
| 5. | The instructor refrained from inappropriate behaviors/discussions. | | | | | | |

Previous editions of this form are obsolete

END OF COURSE LEVEL 1 EVALUATION—INSTRUCTOR-LED CLASSROOM TRAINING FOR STUDENTS WHO ARE NOT TSA EMPLOYEES

| SECTION III. Part B. Instructor 2 OLC ID: | | SA | A | N | D | SD | N/A |
|--|--|-----------|----------|----------|----------|-----------|------------|
| 1. | The instructor demonstrated knowledge of course content. | | | | | | |
| 2. | The instructor started and ended class sessions on time. | | | | | | |
| 3. | The instructor encouraged student participation. | | | | | | |
| 4. | The instructor provided constructive feedback. | | | | | | |
| 5. | The instructor refrained from inappropriate behaviors/discussions. | | | | | | |
| SECTION III. Part C. Instructor 3 OLC ID: | | SA | A | N | D | SD | N/A |
| 1. | The instructor demonstrated knowledge of course content. | | | | | | |
| 2. | The instructor started and ended class sessions on time. | | | | | | |
| 3. | The instructor encouraged student participation. | | | | | | |
| 4. | The instructor provided constructive feedback. | | | | | | |
| 5. | The instructor refrained from inappropriate behaviors/discussions. | | | | | | |
| SECTION III. Part D. Instructor 4 OLC ID: | | SA | A | N | D | SD | N/A |
| 1. | The instructor demonstrated knowledge of course content. | | | | | | |
| 2. | The instructor started and ended class sessions on time. | | | | | | |
| 3. | The instructor encouraged student participation. | | | | | | |
| 4. | The instructor provided constructive feedback. | | | | | | |
| 5. | The instructor refrained from inappropriate behaviors/discussions. | | | | | | |
| SECTION III. Part E. Instructor 5 OLC ID: | | SA | A | N | D | SD | N/A |
| 1. | The instructor demonstrated knowledge of course content. | | | | | | |
| 2. | The instructor started and ended class sessions on time. | | | | | | |
| 3. | The instructor encouraged student participation. | | | | | | |
| 4. | The instructor provided constructive feedback. | | | | | | |
| 5. | The instructor refrained from inappropriate behaviors/discussions. | | | | | | |

Previous editions of this form are obsolete

END OF COURSE LEVEL 1 EVALUATION—INSTRUCTOR-LED CLASSROOM TRAINING FOR STUDENTS WHO ARE NOT TSA EMPLOYEES

| SECTION III. Part F. Instructor 6 OLC ID: | | SA | A | N | D | SD | N/A |
|---|---|----|---|---|---|----|-----|
| 1. | The instructor demonstrated knowledge of course content. | | | | | | |
| 2. | The instructor started and ended class sessions on time. | | | | | | |
| 3. | The instructor encouraged student participation. | | | | | | |
| 4. | The instructor provided constructive feedback. | | | | | | |
| 5. | The instructor refrained from inappropriate behaviors/discussions. | | | | | | |
| SECTION IV. Testing Evaluation | | SA | A | N | D | SD | N/A |
| 1. | I understood the testing instructions. | | | | | | |
| 2. | Test questions were consistent with course objectives. | | | | | | |
| 3. | Test questions were clearly written and understandable. | | | | | | |
| SECTION V. Facilities Evaluation | | SA | A | N | D | SD | N/A |
| 1. | I was satisfied with the classroom (i.e., set up, lighting, comfort). | | | | | | |
| 2. | I experienced minimal distractions during the course. | | | | | | |
| 3. | I was satisfied with the support services (i.e., cafeteria, shuttle service). | | | | | | |
| SECTION VI. Recommendations | | SA | A | N | D | SD | N/A |
| 1. | I would recommend this training to a colleague at my level. | | | | | | |
| SECTION VII. Comments/Suggestions | | | | | | | |
| 1. Please provide feedback on what you liked most about the course <u>and why</u> . If you have no comment, please leave the section completely blank. | | | | | | | |
| | | | | | | | |

Previous editions of this form are obsolete

END OF COURSE LEVEL 1 EVALUATION—INSTRUCTOR-LED CLASSROOM TRAINING FOR STUDENTS WHO ARE NOT TSA EMPLOYEES

2. Please provide feedback on what you liked *least* about the course and why. If you have no comment, please leave the section *completely* blank.

3. What changes, if any, would you suggest to improve the learning experience? If you have no comment, please leave the section *completely* blank.

Thank you for your participation!

PAPERWORK REDUCTION ACT STATEMENT: Through this voluntary information collection, TSA is gathering information to improve course curriculum and instruction. The public burden for this collection is estimated to be approximately 30 minutes (0.5 hours). An agency may not conduct or sponsor, and persons are not required to respond to a collection of information, unless it displays a valid OMB control number. The OMB control number assigned to this collection is 1652-0041, which expires 09/30/2022. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0041 TSA End of Course Level 1 Evaluation - Instructor-Led Classroom Training, 6595 Springfield Center Drive, Springfield, VA 20598.

Previous editions of this form are obsolete