

This collection of information is voluntary and will be used to validate the effectiveness of, and assess the value of the National Traffic Incident Management (TIM) Responder Training Program. Public reporting burden is estimated to average 8 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that 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. The OMB control number for this collection is 2125-XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Michael Howell, Michael.howell@dot.gov, 202 366-5707, Federal Highway Administration, 1200 New Jersey Avenue, SE, E66-233, Washington, DC 20590.

National Traffic Incident Management (TIM) Responder Training Program Responder Training Course Evaluation Form

Demographics

Training Location (City, State):	
Training Date:	
Length of Training:	<input type="checkbox"/> 10+ Hrs. <input type="checkbox"/> 8 Hrs. <input type="checkbox"/> 6 Hrs. <input type="checkbox"/> 4 Hrs. <input type="checkbox"/> 3 Hrs. <input type="checkbox"/> 2 Hrs. <input type="checkbox"/> 1 Hr. <input type="checkbox"/> Other
Name (Optional):	
E-mail Address (Optional):	
Agency or Organization:	
Primary TIM Discipline:	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> Towing <input type="checkbox"/> EMS <input type="checkbox"/> Transportation <input type="checkbox"/> Other

Instructions: Please answer the following questions about the TIM training that you just received. Check only one box indicating the degree to which you agree or disagree with each statement. You may also provide comments or explanations in the spaces provided.

Overall Training and Content

(Check only one box for each statement)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The content of this training course was valuable to me in developing my knowledge of TIM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The content of this training appropriately built on my existing knowledge of TIM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am satisfied that the learning objectives for this training were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I believe that the time dedicated to the training was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During the training I learned methods/practices that I can apply to help mitigate incident impacts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The course helped me further appreciate the responder and motorist safety element of TIM and how quick clearance also promotes safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Comments or Explanation

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Trainer(s)

(Check only one box for each statement)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. The trainer clearly explained the goals and objectives of the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The trainer clearly conveyed the material to the audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The trainer’s knowledge of the subject matter was satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The trainer’s pace of presenting the material was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The trainer satisfactorily answered participants’ questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The trainer satisfactorily used training aids (e.g. PowerPoint slides, activities, etc.) to help facilitate a clearer understanding of the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Comments or Explanation

15. If you believe that the course contains gaps or omits any content that would be valuable, please describe.
