U.S. Repatriation Program – Post-Training Survey

Name of Training: _____   Date of Training: _____

Section I. Participant Demographics

Participant Type (select):

- Federal
- State/Territorial
- County
- Non-governmental

1. Do you currently have a role in routine or non-emergency repatriation operations? _____

2. If you answered yes to question 1, how many years have you been in your position? _____

3. Do you currently have a role in emergency repatriation planning and/or operations? _____

4. If you answered yes to question 3, how many years have you been in your position? _____

Section II. Training Evaluation

5. Did the training meet your expectations? (Rate 1-5)

6. Was the training relevant to your position? (Rate 1-5)

7. Was the training program interactive and engaging? (Rate 1-5)

8. How would you rate the quality of this training session? (Rate 1-5)

9. Was the material easy to understand? (Rate 1-5)

10. Did you experience any technical issues? (Y/N) If yes, please explain.

11. Please rate the quality of the multimedia (audio, video, and animation) (Rate 1-5)

12. In what ways could the multimedia used on this course be improved. Please explain.

13. Do you have any suggestions that can help us improve the training? Please provide examples.

14. What are the key topics about the U.S. Repatriation Program you want to learn more about? [open text]