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0579-XXXX
Exp. XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**NIMS TRAINING AND EXERCISE
PROGRAM
COURSE EVALUATION**

COURSE NAME

COURSE NUMBER

LOCATION

DATE

Evaluations are used to make improvements to courses such as the one you just completed. In **Section 1**, please check or shade the box in the appropriate column that best reflects your overall reaction to this training course.

SECTION 1

POOR.....EXCELLENT

| | 1 | 2 | 3 | 4 | 5 | N/A |
|--|---|---|---|---|---|-----|
| 1. Overall, how would you rate this course? | | | | | | |
| 2. How well do you feel the course objectives were met? | | | | | | |
| 3. How would you rate the effectiveness of the course exercises and activities? | | | | | | |
| 4. How would you rate the effectiveness of the instructor(s)? | | | | | | |
| 5. The enthusiasm of the instructor(s)? | | | | | | |
| 6. Ability of the instructor(s) to add meaningful examples to enhance the learning experience. | | | | | | |
| 7. Ability of the instructor(s) to adequately address questions and comments. | | | | | | |
| 8. How would you rate the quality of the course manual and handouts? | | | | | | |
| 9. How would you rate the adequacy of the classroom facility? | | | | | | |
| 10. The training aids (charts, visuals, etc.) were: | | | | | | |
| 11. How would you rate the pace of the course? | | | | | | |
| 12. How would you rate the length of the course? | | | | | | |

In **Section 2**, please answer "YES" or "NO" to the questions. If you answer "YES", please provide a narrative response to support your answer.

SECTION 2

| | | |
|--|-----|----|
| 13. Are there any recommendations for improving the effectiveness of the course? | YES | NO |
|--|-----|----|

| | |
|---|--------|
| 14. Did the instructor(s) provide an adequate number of breaks? | YES NO |
|---|--------|

| | |
|--|--------|
| 15. Were the exercises/activities relevant to the type of work that you might be called upon to perform during an emergency? | YES NO |
|--|--------|

16. What additional comments or suggestions do you have about the course?

For ICS-300 and ICS-400 courses, please complete **Section 3** by rating your ability in each of the following content areas **before and after** having completed this course. Please check or shade the box in the appropriate column that best reflects your overall reaction to this training course.

SECTION 3

| TASK/SKILL | BEFORE THE COURSE POOR.....EXCELLENT | | | | | | AFTER THE COURSE POOR.....EXCELLENT | | | | | |
|--|---|---|---|---|---|-----|--|---|---|---|---|-----|
| | 1 | 2 | 3 | 4 | 5 | N/A | 1 | 2 | 3 | 4 | 5 | N/A |
| General Knowledge of ICS | | | | | | | | | | | | |
| ICS Planning Process | | | | | | | | | | | | |
| Command and General Staff Responsibilities | | | | | | | | | | | | |
| Planning Phases | | | | | | | | | | | | |
| Contingency Planning | | | | | | | | | | | | |
| Planning for Incident Demobilization | | | | | | | | | | | | |