

**CERC Training Survey**  
**OMB Circular A-11, Section 280 Implementation (OMB Control Number: 1601-0029)**  
**March 2024**

OMB Control No: 1601-0029 (Expires 12/31/2026), Voluntary Survey, estimated time to complete: 5 minutes, send feedback on this survey to Kathleen Boyer, [Kathleen.Boyer@fema.dhs.gov](mailto:Kathleen.Boyer@fema.dhs.gov) at FEMA

1. How much do you agree/disagree with the statement: The instructor(s) communicated using terminology I understand. *(Select one)*  
 1 Strongly disagree    2    3    4    5 Strongly agree    NA
  
  2. How much do you agree/disagree with the statement: My understanding/skill in this topic has improved because of the information I learned today. *(Select One)*  
 Strongly disagree    2    3    4    5 Strongly agree    NA
  
  3. How much do you agree/disagree with the following statement: I am satisfied with the overall experience I had at this training. *(Select one)*  
 1 Strongly disagree    2    3    4    5 Strongly agree    NA
  
  4. How confident are you that you can apply the knowledge you learned following today's training? *(Select one)*  
 1 Not at all confident    2    3    4    5 Very confident    NA
  
  5. How confident are you that you can apply the skills you learned following today's training? *(Select one)*  
 1 Not at all confident    2    3    4    5 Very confident    NA
  
  6. Do you have any additional feedback on ways today's training could have better met your needs (e.g., topics, format, resources, etc.)? [OPEN-END]
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7. What is your preferred language(s)? *(Select all that apply)*
- American Sign Language
  - Arabic
  - Chinese (including Mandarin, Cantonese)
  - English
  - French
  - German
  - Haitian
  - Korean
  - Russian
  - Spanish
  - Tagalog (including Filipino)
  - Vietnamese
  - Other, please specify: \_\_\_\_\_
8. Which of the following accessibility concerns would you like considered in the future? *(Select all that apply)*
- Hearing
  - Learning (i.e., learning, and cognitive processing)
  - Mobility
  - Sensory
  - Speech
  - Visual
  - Other, please specify: \_\_\_\_\_
  - Not applicable, I don't have an accessibility concern.
9. Which of the following methods do you prefer for learning/training? *(Select one)*
- In-person only trainings
- Online only trainings
- Hybrid trainings (In person and online)
- No preference
10. Which of the following best describes your affiliation? *(Select all that apply)*
- FEMA Headquarters Staff
  - FEMA Regional Staff
  - Other Federal Agency
  - FEMA Contract Support
  - Local Official or Staff, please specify:
  - Nonprofit Organization
  - FEMA Provider
  - State or Local Contract Support
  - Academia
  - Other, please specify: \_\_\_\_\_
11. What other training topics would you like to see offered? Are there any specific skills you would like to learn? [OPEN-END]
- \_\_\_\_\_

**PAPERWORK BURDEN DISCLOSURE NOTICE:**

Public reporting burden for this data collection is estimated to average 5 minutes per response. The burden estimate includes the time for completing and submitting this survey. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. The OMB control number assigned to this collection is 1601-0029, which expires 12/31/2026. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1601-0029)

**NOTE:** Do not send your completed form to this address.