



FEMA

POST COURSE ASSESSMENT National Training and Education Division (NTED) Training Partners Program (TPP)

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Instructions: The National Training and Education Division's Training Partners Program (TPP) values your expertise and professionalism and asks for your recommendations to improve the course that you recently attended. Please fill out each of the questions below and return it via email per the instructions provided. Your responses to these questions will remain anonymous. Thank you for your response and service to the Nation.

COURSE TITLE OR NAME: _____

Answer Selection: Correct = ● Incorrect = ✗ ✓ ⊕

A. Please indicate which Training Partner organization provided you the training course identified above.

Name of TPP organization: _____

B. Please indicate your primary discipline by choosing only one.

- | | |
|---|--|
| ☐ Agricultural Safety (Pre- and Post-Harvest) (AGS) | ☐ Information Technology (IT) |
| ☐ Animal Emergency Services (AES) | ☐ Law Enforcement (LE) |
| ☐ Citizen/Community Volunteer (CV) | ☐ Private Sector/Corporate Security and Safety Professionals (PSP) |
| ☐ Emergency Management (EM) | ☐ Public Health (PH) |
| ☐ Emergency Medical Services (EMS) | ☐ Public Safety Communications (PSC) |
| ☐ Fire Service (FS) | ☐ Public Works (PW) |
| ☐ Governmental Administrative (GA) | ☐ Search & Rescue (SR) |
| ☐ Hazardous Materials (HM) | ☐ Transportation Security (Air, Water, Ground, Port) (TS) |
| ☐ Healthcare (HC) | ☐ Other (OTH), please identify: _____ |

C. Please indicate your years of experience in the discipline selected in B. above.

☐	☐	☐	☐	☐	☐	☐
0-1	2-5	6-10	11-15	16-20	20-25	26 or over

D. Are you a supervisor? ☐ Yes ☐ No

E. Please indicate your level of knowledge and/or experience in the subject prior to attending this course.

☐ None ☐ Basic ☐ Intermediate ☐ Expert

F. Please Indicate your primary affiliation.

- | | |
|---------------------------------|---|
| ☐ Federal | ☐ Tribal |
| ☐ State | ☐ Private Sector |
| ☐ County | ☐ Special District |
| ☐ City/Town | ☐ Other, please identify: _____ |

G. If you selected county, city/town, tribal, private sector, or special district above, please indicate the size of your jurisdiction or tribal population.

☐	☐	☐	☐	☐	☐
0-4,999	5,000-14,999	15,000-24,999	25,000-49,999	50,000-99,999	100,000 or over

Please circle the number that most closely represents your views.	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. I have used the concepts or skills gained from this training on the job since returning to my department.	1	2	3	4	5
Comments:					
2. The skills I learned from this course have helped me do my job more effectively.	1	2	3	4	5
Comments:					
3. This training has helped my office or organization create, modify or improve a plan, policy or procedure.	1	2	3	4	5
Comments:					
4. I am better prepared after taking this course in the following area(s):					
a. performing day-to-day functions	1	2	3	4	5
b. training	1	2	3	4	5
c. exercises	1	2	3	4	5
d. my operational mission	1	2	3	4	5
e. my response mission	1	2	3	4	5
Comments:					
5. I have shared information or skills presented in this course with other members (employees) of my organization.	1	2	3	4	5
Comments:					
6. The training received has proven valuable to me in the following area(s):					
a. performing day-to-day functions	1	2	3	4	5
b. training	1	2	3	4	5
c. exercises	1	2	3	4	5
d. my operational mission	1	2	3	4	5
e. my response mission	1	2	3	4	5