Center for Domestic Preparedness (CDP) Level 3 Evaluation Form for Supervisors

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Expiration:

Public reporting burden for this survey is estimated to average 15 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the survey. You are not required to respond to this collection of information unless it displays a valid OMB control number. 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, Paperwork Reduction Project (1660-NEW). This collection of information is voluntary. **NOTE: Do not send your completed form to this address.**

Part 1 of 2 - Evaluation of Training Impacts Student Name: Course Dates: Course Title: **Course Code:** Please indicate your level of agreement or disagreement with each statement. Strongly Strongly Not Disagree Agree Neutral Disagree **Applicable Agree** 1. The training improved the job performance of the student. \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2. The course contributed to the student's professional \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc development. 3. The course prepared the student for the next level of \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 0 responsibility in our organization. 4. Concepts or skills gained have been incorporated into the \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc functions of this organization. 5. The concepts or skills gained are likely to improve the \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc performance of this organization. 6. The course has met the expectations we had in sending our \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc department member to the CDP. 7. The training helped our organization be better prepared for \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc responding to an all hazards event. 8. The student trained colleagues in the concepts or skills \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc learned at the CDP. 9. I am likely to recommend CDP training to other personnel \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc in our organization. 10. This training has helped to positively change my \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc organization/jurisdictions: setting of strategic goals and plans developing incident management plans processes



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Part 2 of 2 - Supervisor and Department Statistics

1. How many years have you been in your current profession/field of service?	
2. What percentage of your organization has had CDP training?	
3. Have you ever attended CDP-sponsored courses? (Mark as many as apply.)	
Yes, CDP on-campus courses	
Yes, CDP off-campus courses	
☐ No, I have never attended a CDP course	
If you answered yes to question number 3 above, please skip to question 5.	
4. If you have never attended a CDP course, is this because you think the course(s	s) would (Mark all that apply.)
☐ Not be up to your expectations?	
■ Not meet your skill level by being too advanced?	
■ Not meet your skill level by being too basic?	
☐ Take too much time away from your work time?	
Require too much traveling?	
☐ Be more useful if offered online?	
Conflict with family responsibilities?	
☐ Other	
If Other, please specify	
5. Please tell us what you think are emerging issues that should be considered as	topics for future CDP courses.
6. Additional comments?	

You may also submit this form by clicking the Save button on your Adobe reader, then e-mailing to CDPEvaluations@cdpemail.dhs.gov; or, by clicking the E-mail button on your Adobe reader and e-mailing to the same address.