## EMERGENCY MANAGEMENT INSTITUTE

## DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency FOLLOW-UP EVALUATION SURVEY

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send your completed form to the above address.						
Course Title and Number	Course Date			State		
Please circle the number that most closely represents your views.	1	Strongly Agree	Agr	ee	Disagree	Strongly Disagree
1. My professional knowledge has increased as a result of this training.		O 1	O 2	)	O 3	O 4
Comments:						
2. The skills I learned from this course help me do my job better.		O 1	O 2	2	O 3	O 4
Comments:						
3. I modified how I perform my duties based on what I learned in this co	ırse.	O 1	O 2	2	O 3	O 4
Comments:						
4. My participation in this course has added value to my organization.		O 1	O 2	-	○ 3	O 4
Comments:						
5. I am given greater responsibilities as a result of this course		O 1	O 2	2	○ 3	O 4
Comments:  No Opportunity						
6. My organization modified its policies, practices, or procedures based learned in this course.	on what I	O 1	O 2	2	○ 3	O 4
Comments:						
7. I would recommend this course to others.		O 1	O 2	<u>.</u>	○ 3	O 4
Comments:						
What one change would you suggest for improvement?  If changes are made, what one thing would you most want to sta	y the same?					
	<u> </u>					
Please use the enclosed envelope to return this survey by	Thank You.					