Thank you for participating in this **Level 3 Training Evaluation**. The purpose of this survey is to assess how effectively the skills and knowledge you gained from the training have been applied in your workplace. Your responses will help us understand the impact of the training on your job performance and identify areas for improvement.

We greatly appreciate your honest feedback. Please answer each question based on your personal experience since completing the training. Your responses will remain confidential and will be used to enhance the effectiveness of future training programs.

Please use the following rating scale to indicate to the extent to which the training has influenced your work.

1 = **Not at all** – No impact or change
2 = **Slightly** – Minor impact or small change
3 = **Moderately** – Noticeable impact or moderate change
4 = **Very much** – Significant impact or considerable change
5 = **Significantly** – Major impact or complete change

Please answer each question as accurately as possible, and don't hesitate to provide examples or comments where requested. Your detailed feedback will greatly enhance the effectiveness of our training programs.

1. Since completing the training, I have applied the skills and knowledge learned on the job.	**1**	**2**	**3**	**4**	**5**	**N/A**
Please describe specific improvements in your performance or how the training has enabled you to meet key objectives.						
2. The training has improved my overall performance and helped me meet specific job requirements or performance goals	1	2	3	4	5	N/A
Please describe any specific improvements in my job performance that are a result of this training.						
3. My confidence in making decisions related to my job has increased because of this training.	**1**	**2**	**3**	**4**	**5**	**N/A**
Please provide examples of how this training has helped you feel more confident in making job-related decisions.						
4. After taking this training, I feel better prepared in the following areas (check all that apply):	**1**	**2**	**3**	**4**	**5**	**N/A**
a. My normal, day to day position responsibilities						
b. My additional responsibilities such as incident related						

1=Not at all 2=Slightly 3=Moderately 4=Very much 5=Significantly

planning, training or exercises support, that are not a part of my daily job.						
c. My deployed or incident response/ recovery responsibilities						
Please provide examples of how the training has prepared you for the areas checked above.						
5. This training has helped my office or organization improve plans, policies, or procedures.	**1**	**2**	**3**	**4**	**5**	**N/A**
Please explain how the training has impacted your office or organization in these areas.						
6. This training has helped my organization improve its performance in key areas related to our mission.	**1**	**2**	**3**	**4**	**5**	**N/A**
Please provide examples of how this training has contributed to improving your organization's performance.						
7. I have shared information or skills presented in this training with colleagues or team members.	**1**	**2**	**3**	**4**	**5**	**N/A**
Please provide examples of how you have shared the information or skills with your colleagues or team members.						
8. What one change would you suggest to improve this training program in terms of its application to your job?						
9. What additional resources or support (e.g., tools, guidance, follow-up training) would help you to further implement what you learned in the training?						