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** – Substantial impact or considerable change
5 = **Significantly** – Major impact or complete change

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Since completing the training, I have applied the skills or knowledge learned on the job.
 | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. The skills I gained from this training

have improved my job performance and helped me meet specific job requirements or performance goals. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. My confidence in making decisions related to my job has increased because of this training.
 | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. After taking this training, I feel better prepared in the following areas. Check all that apply.
 |
| a. My normal, day-to-day position responsibilities | **1** | **2** | **3** | **4** | **5** | **N/A** |
| b. My additional responsibilities such as incident related planning, training or exercises support, that are not a part of my daily job. | **1** | **2** | **3** | **4** | **5** | **N/A** |
| c. My deployed or incident response/recovery responsibilities | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. This training has helped my office or organization improve its plans, policies, procedures, or performance in key mission-related areas.
 | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. The information and skills from training that I have shared with colleagues or team members has improved their performance .
 | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1. What was the most useful information or skill you took away from this training? How did it impact your mission performance and outcomes.
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| 1. What changes would you suggest to improve this training program in terms of its application to your job?
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| 1. Please provide specific examples of how you have used the knowledge and skills and how it has improved your performance of mission objectives.
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| 1. What additional resources or support (e.g., tools, guidance, follow-up training) would help you to further implement what you learned in the training?
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