

Thank you for participating in this **Level 3 Training Evaluation for Supervisors**. The purpose of this survey is to assess how effectively your team members have applied the skills and knowledge gained from the training in their roles. Your insights will help us understand the broader impact of the training on team and organizational performance and identify areas for improvement.

We greatly appreciate your honest feedback. Please answer each question based on your observations and experiences as a supervisor since your team members completed 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 my team members completed the training, I have observed the following improvements in their application of the skills or knowledge learned on the job. | 1 | 2 | 3 | 4 | 5 | N/A |
|---|--------------|------------|--------------|-------------|-----------------|-----|
| | 1=Not at all | 2=Slightly | 3=Moderately | 4=Very much | 5=Significantly | |
| 2. The training has improved the overall performance of my team and helped them meet specific job requirements or performance goals | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. My team members have demonstrated increased confidence in making job-related decisions because of this training. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. After the training, my team is better prepared in the following areas | | | | | | |
| a. My team's normal, day-to-day position responsibilities | 1 | 2 | 3 | 4 | 5 | N/A |
| b. Additional responsibilities such as incident-related planning, training, or exercise support that are not a part of their daily job. | 1 | 2 | 3 | 4 | 5 | N/A |
| c. Deployed or incident response/recovery responsibilities | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. This training has helped our office or organization improve plans, | 1 | 2 | 3 | 4 | 5 | N/A |

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| policies, or procedures related to key mission areas. | | | | | | |
| 6. My team members have shared the information or skills presented in the training with others in the organization. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. Please provide specific examples of how your team members have used the knowledge and skills and how it has improved your agency's performance of mission objectives. | | | | | | |
| 8. What additional resources or support (e.g., tools, guidance, follow-up training) would help your team further implement the skills and knowledge gained from the training? | | | | | | |