

NATIONAL EMERGENCY TRAINING CENTER
EMERGENCY MANAGEMENT INSTITUTE

- USE NO. 2 PENCIL OR BLUE/BLACK PEN
- MAKE HEAVY, DARK MARKS
- ERASE COMPLETELY TO CHANGE
- SAMPLE:

You are not required to respond to this collection of information unless a valid OMB Control Number is displayed in the upper right corner of this form.

COURSE EVALUATION FORM

COURSE TITLE _____		DATES _____ TO _____					
LOCATION (CITY/STATE) _____							
COURSE MANAGER _____							
1. SEX:		Female _____ Male _____					
2. AGE:		Under 21 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51-60 _____ over 60 _____					
3. LOCATION OF YOUR WORK ORGANIZATION: (VIEWGRAPH)		FIRST DIGIT 0 1 2 3 4 5 SECOND DIGIT 0 1 2 3 4 5 6 7 8 9					
4. INDICATE THE TYPE OF ORGANIZATION IN WHICH YOU HAVE AN EMERGENCY MANAGEMENT ROLE:	GOVERNMENT	PRIVATE SECTOR	VOLUNTARY SERVICE				
	Federal	Business	Non-Governmental Organization				
	State	Industry	Private Volunteer Organization				
	County	Education	Faith-Based Organization				
	City/Town	Other	Community-Based Organization				
	Tribal		Other				
	Territory						
Other							
5. IF YOU WORK IN A LOCAL GOVERNMENT INDICATE THE SIZE OF THE POPULATION:		Less than 40,000 _____ 40,001 - 200,000 _____ 200,001 - 500,000 _____ More than 500,000 _____					
6. INDICATE THE SERVICE IN WHICH YOU WORK:		Council, Board or Commission Member _____ Rescue _____ Chief Executive/Administrator _____ Shelter/Evacuation _____ Emergency Management _____ Radiological _____ Fire Service _____ Health Care _____ Law Enforcement _____ Voluntary Organization _____ Public Works/Utilities _____ Other _____					
7. INDICATE YOUR PRIMARY EMERGENCY MANAGEMENT ROLE:		Elected Official _____ Technical Specialist _____ Appointed Executive _____ Support Staff _____ Department Head _____ Advisor/Consultant _____ Supervisor _____ Public Information Specialist _____ Training Specialist _____ Other _____					
8. YEARS OF EXPERIENCE IN EMERGENCY MANAGEMENT:		Less than 1 _____ 6-10 _____ 16-20 _____ 1-5 _____ 11-15 _____ Over 20 _____					
9. YEARS OF FORMAL EDUCATION:		12 _____ 13-16 _____ More than 16 _____					
SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION (SPACE PROVIDED ON NEXT PAGE FOR DISAGREEMENT)							
		STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	NOT APPLICABLE
10. PRINTED MATERIAL WERE: 11. AUDIO-VISUAL MATERIALS WERE: 12. INSTRUCTION: 13. CLASSROOM: 14. COURSE 15. MY KNOWLEDGE OF THE SUBJECT:	a. well organized	a.					
	b. complete	b.					
	c. readable (printed well)	c.					
	a. related to the course	a.					
	b. good quality	b.					
	c. in appropriate number	c.					
	a. materials were related to class needs	a.					
	b. subject was thoroughly covered	b.					
	c. participation was encouraged	c.					
	d. course expectations, requirements and objectives were made clear	d.					
	e. differences of opinion were tolerated	e.					
	a. was comfortable	a.					
	b. included a manageable number of students	b.					
	c. was appropriate for this course	c.					
	a. used a variety of instructional methods	a.					
b. was a reasonable length	b.						
c. is worth recommending to others	c.						
d. contributed to my knowledge and skills	d.						
e. prepared me to perform my job better	e.						
a. is extensive after completing this course	a.						
b. was already extensive before I took this course	b.						

PARTICIPANT PROFILE

COURSE ASSESSMENT



FEMA

Paperwork Burden Disclosure Notice FEMA Form 092-0-3

Public reporting burden for this form is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0130). **Please do not send your completed survey to the above address.**

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OVERALL COURSE EVALUATION

FACILITIES ASSESSMENT

SHADE IN THE RESPONSE CLOSEST TO YOUR OPINION. "1" IS THE LOWEST RATING, "5 IS THE HIGHEST.	QUALITY OF CONTENT					QUALITY OF INSTRUCTOR				
	LOWEST 1	2	3	4	HIGHEST 5	LOWEST 1	2	3	4	HIGHEST 5
18. COURSE CONTENT AND INDIVIDUAL INSTRUCTOR RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19. OVERALL COURSE RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

The most valuable aspects of the course include:

My suggestions for improvement are: