



TENNESSEE EMERGENCY MANAGEMENT AGENCY COURSE EVALUATION

COURSE TITLE: _____

CITY: _____ COUNTY: _____ COURSE DATE/S: _____

LEAD INSTRUCTOR NAME: _____

I. Indicate the type of organization in which you are employed:

<p style="text-align: center;">GOVERNMENT</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local</p>		<p style="text-align: center;">PRIVATE SECTOR</p> <p><input type="checkbox"/> Business/Industry <input type="checkbox"/> Volunteer Service <input type="checkbox"/> Other _____</p>
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II. a. Indicate the service in which you are employed:

<p><input type="checkbox"/> Emergency Management</p> <p><input type="checkbox"/> EMS</p> <p><input type="checkbox"/> Fire Service</p> <p><input type="checkbox"/> Health Care/Hospitals</p>	<p><input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/> Public Works/Utilities</p> <p><input type="checkbox"/> Other _____</p>
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b. Years of experience in this service:

Less than 1 1 – 5 6 – 10 11 – 15 16 – 20 Over 20

III. Your feedback is important to us... Please use this critique to rate your experience with TEMA's Training and the instructor(s). Use the following ratings:

5	4	3	2	1	N/A
/-----/-----/-----/-----/					/
<i>Excellent</i>	<i>Good</i>	<i>Satisfied</i>	<i>Marginal</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	

		5	4	3	2	1	N/A
1. OVERALL COURSE	a. Overall Assessment	<input type="checkbox"/>					
	b. Worth recommending to others	<input type="checkbox"/>					
	c. I learned something from this course	<input type="checkbox"/>					
2. COURSE:	a. Was a reasonable length	<input type="checkbox"/>					
	b. Covered materials effectively	<input type="checkbox"/>					
	c. Contained useful activities	<input type="checkbox"/>					
	d. Applicable to my current Job	<input type="checkbox"/>					
	e. Will enhance my job performance	<input type="checkbox"/>					
3. PRINTED MATERIALS:	a. Well Organized	<input type="checkbox"/>					
	b. Thorough	<input type="checkbox"/>					
	c. Readable & Good Quality	<input type="checkbox"/>					
	d. Understandable	<input type="checkbox"/>					
	e. Relevant to course	<input type="checkbox"/>					



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4. VISUAL AIDS:		5	4	3	2	1	N/A
	a. Well Organized	<input type="checkbox"/>					
	b. Thorough	<input type="checkbox"/>					
	c. Easy to Read & Good Quality	<input type="checkbox"/>					
	d. Understandable	<input type="checkbox"/>					
	e. Relevant to course	<input type="checkbox"/>					
5. LEAD INSTRUCTOR:		5	4	3	2	1	N/A
	a. Presented materials effectively	<input type="checkbox"/>					
	b. Was knowledgeable of the subject	<input type="checkbox"/>					
	c. Encouraged participation	<input type="checkbox"/>					
	d. Clearly stated course goals/objectives	<input type="checkbox"/>					
	e. Worked effectively with other instructor/s	<input type="checkbox"/>					
	f. Supplemented Text with personal knowledge	<input type="checkbox"/>					
	g. Tolerated differences of opinion	<input type="checkbox"/>					
6. ADJUNCT INSTRUCTOR(S)		5	4	3	2	1	N/A
	a. Presented materials effectively	<input type="checkbox"/>					
	b. Was knowledgeable of the subject	<input type="checkbox"/>					
	c. Encouraged participation	<input type="checkbox"/>					
	d. Clearly stated course goals/objectives	<input type="checkbox"/>					
	e. Worked effectively with other instructor/s	<input type="checkbox"/>					
	f. Supplemented Text with personal knowledge	<input type="checkbox"/>					
	g. Tolerated differences of opinion	<input type="checkbox"/>					

COMMENTS: _____
