Texas Division of Emergency Management

PARTICIPANT COURSE EVALUATION

Course Title: ___________________________ Code: ______

Delivery Date(s): ______________________ Location (City/County): ________________

Course Manager/Lead Instructor: ___________________________

Participants Name (Optional): ____________________________________________

1. Indicate the type of organization you represented in this course:

<table>
<thead>
<tr>
<th>Local</th>
<th>Military</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Business / Industry</td>
</tr>
<tr>
<td>Tribal/Territorial</td>
<td>Volunteer Sector</td>
</tr>
<tr>
<td>Federal</td>
<td>Other</td>
</tr>
</tbody>
</table>

2. Indicate the emergency service in which you are employed:

<table>
<thead>
<tr>
<th>Emergency Management</th>
<th>Social Services</th>
<th>Public Works/Utilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Service</td>
<td>Education</td>
<td>Elected/Appointed Official</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>EMS / Health Care</td>
<td>Other:</td>
</tr>
</tbody>
</table>

(1=strongly disagree  5 = strongly agree)

Overall Course Assessment

A. Pre-Course information was complete and timely. 
B. Course requirements and objectives were clear and relevant. 
C. Presentations and activities supported course objectives. 
D. Printed materials were complete and well organized. 
E. Audio/visual materials were appropriate, visible & effective. 
F. This course contributed to my knowledge. 
G. I will recommend this course to others.

Overall Instructor Assessment

A. The instructor(s) clearly stated course requirements and objectives. 
B. The instructor(s) had a complete grasp of the training materials. 
C. The instructor(s) answered questions effectively. 
D. The instructor(s) encouraged group interaction and learning. 
E. The instructor(s) was/were effective at helping students to learn. 
F. I will look for other courses taught by this/these instructor(s). 

Please provide additional comments on reverse.

Rev. 5/16
What are your suggestions for improving the course?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What is your honest appraisal of the classroom facility?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What is your honest appraisal of the recommended lodging facility (if any)?

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__________________________________________________________________________

What is your honest appraisal of the quality of instruction? (Please be specific)

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__________________________________________________________________________

Additional Comments:

__________________________________________________________________________

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