

U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), National Preparedness Directorate (NPD), National Integration Center (NIC), Training and Exercise Integration Secretariat/Training Operations (TEI/TO)

## Level 1 Student Assessment of Course and Instructors

Fields displayed in **bold**\* are required and must be completed. Please print characters in CAPITAL LETTERS only using BLACK ink.

| Part 1: Course Informa                                                    | atio                   | n |   |  |  |  |     |  |  |  |  |  |      |     |   |  |   |     |     |            |     |    |  |   |  |   |  |  |
|---------------------------------------------------------------------------|------------------------|---|---|--|--|--|-----|--|--|--|--|--|------|-----|---|--|---|-----|-----|------------|-----|----|--|---|--|---|--|--|
| Training Provider Abbrev*                                                 | *                      |   |   |  |  |  |     |  |  |  |  |  |      |     |   |  |   |     |     |            |     |    |  |   |  |   |  |  |
| Course Name*                                                              |                        |   |   |  |  |  |     |  |  |  |  |  |      |     |   |  |   |     |     |            |     |    |  |   |  |   |  |  |
| Course Catalog Number*                                                    |                        |   | - |  |  |  | - [ |  |  |  |  |  | )ate |     | 1 |  | 1 |     |     | <b>d D</b> |     |    |  | 1 |  | / |  |  |
| Start Time*<br>Convert start and end time<br>into military time.<br>City* | End Time* : Contact Ho |   |   |  |  |  |     |  |  |  |  |  |      | rs* |   |  |   | ].[ |     |            |     |    |  |   |  |   |  |  |
|                                                                           |                        |   |   |  |  |  |     |  |  |  |  |  |      |     |   |  |   |     |     |            |     |    |  |   |  |   |  |  |
| State*                                                                    |                        |   |   |  |  |  |     |  |  |  |  |  |      |     |   |  |   |     | ZII | PC         | ode | )* |  |   |  |   |  |  |
| Instructor Point of Contact                                               |                        |   |   |  |  |  |     |  |  |  |  |  |      |     |   |  |   |     |     |            |     |    |  |   |  |   |  |  |
| Last Name*                                                                |                        |   |   |  |  |  |     |  |  |  |  |  |      |     |   |  |   |     |     |            |     |    |  |   |  |   |  |  |
| First Name*                                                               |                        |   |   |  |  |  |     |  |  |  |  |  |      |     |   |  |   |     |     |            |     |    |  |   |  |   |  |  |

Please use the scales provided and select ONE to indicate your level of agreement with each statement. Please provide any further explanation of your ratings in the General Comments section on the back of the form. Make solid marks using BLACK ink that fill the circle completely.

## Part 2: TEI Level 1 Evaluation Areas and Questions

| Knowledge/Skills/Abilities (KSAs) Level in Subject Matter                                                                                                | Advanced (5)          | Intermediate (4) | Basic (3)                        | Little (2)   | None (1)                 | Not Applicable (0) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|----------------------------------|--------------|--------------------------|--------------------|
| 1. BEFORE the course, I would rate my knowledge, skills and abilities as:                                                                                | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 2. AFTER the course, I would rate my knowledge, skills and abilities as:                                                                                 | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| Course Evaluation                                                                                                                                        | Strongly<br>Agree (5) | Agree (4)        | Neither Agree<br>or Disagree (3) | Disagree (2) | Strongly<br>Disagree (1) | Not Applicable (0) |
| 3. The course content supported the learning objectives.                                                                                                 | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 4. The course materials and learning aids effectively conveyed the course content.                                                                       | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 5. The time allocated to accomplish the course objectives was appropriate.<br>(If too long or too short, please explain in Question 26 on back of form.) | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 6. The course contained useful activities to practice and reinforce the learning objectives.                                                             | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| Instructor Evaluation                                                                                                                                    | Strongly<br>Agree (5) | Agree (4)        | Neither Agree<br>or Disagree (3) | Disagree (2) | Strongly<br>Disagree (1) | Not Applicable (0) |
| 7. The instructor(s) were prepared for the class.                                                                                                        | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 8. The instructor(s) demonstrated thorough knowledge of the course content.                                                                              | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 9. The instructor(s) were able to answer questions clearly and understandably.                                                                           | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 10. The instructor(s) conducted the training in a skilled and competent manner.                                                                          | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 11. The instructor(s) encouraged student participation.                                                                                                  | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 12. The instructor(s) fostered a positive and stimulating learning environment.                                                                          | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 13. The instructor(s) used instructional time effectively.                                                                                               | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 14. The instructor(s) covered all of the course learning objectives.                                                                                     | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| Course Benefit                                                                                                                                           | Strongly<br>Agree (5) | Agree (4)        | Neither Agree<br>or Disagree (3) | Disagree (2) | Strongly<br>Disagree (1) | Not Applicable (0) |
| 15. The course provided the knowledge and skills I need to accomplish the job for which I am receiving this training.                                    | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 16. Based on the training received, I am likely to apply the skills I learned from this course.                                                          | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 17.The practical exercises enhanced learning of course content. (Respond only if course included practical exercises.)                                   | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 18. The course content was appropriate for someone within my professional field.                                                                         |                       | 0                | 0                                | 0            | 0                        | 0                  |
| 19. The course content was appropriate for someone with my level of experience.                                                                          | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| Overall Ratings                                                                                                                                          | Strongly<br>Agree (5) | Agree (4)        | Neither Agree<br>or Disagree (3) | Disagree (2) | Strongly<br>Disagree (1) | Not Applicable (0) |
| 20. Overall, the course content met my needs and expectations.                                                                                           | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 21. Overall, the instructors' performance met my needs and expectations.                                                                                 | 0                     | 0                | 0                                | 0            | 0                        | 0                  |
| 22. Overall, the course increased my knowledge, skills and abilities.                                                                                    | Q                     | 0                | 0                                | 0            | 0                        | 0                  |
| 23.1 would recommend this course to my peers.                                                                                                            | 0                     | 0                | 0                                | 0            | 0                        | 0                  |

## PLEASE PRINT

24. Which part(s) of the course was MOST valuable to you? Please explain why.

25. Which part(s) of the course was LEAST valuable to you? Please explain why.

26. Please provide any other comments or suggestions you have for improving this course.

27. What other training is most important to you now that you have completed this course?