

# OHIO EMERGENCY MANAGEMENT AGENCY



## PARTICIPANT EVALUATION

COURSE TITLE: \_\_\_\_\_ DATE(S): \_\_\_\_\_

COURSE INSTRUCTOR(S): \_\_\_\_\_

Please Circle Your Response to the Following	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
					
The training met my needs and expectations:	1	2	3	4	5
The Instructor(s) was knowledgeable:	1	2	3	4	5
The Instructor(s) was organized and presented information clearly:	1	2	3	4	5
Class participation and questions were encouraged:	1	2	3	4	5
Student manual and materials were useful:	1	2	3	4	5
Course worth recommending to others:	1	2	3	4	5
I am more knowledgeable on the topic instructed as a result of this class:	1	2	3	4	5
<i>(If applicable)</i> If Ohio EMA provided lodging for you, did the hotel meet your standards and expectations?	1	2	3	4	5

**What did you like most about the training?**

**What did you like least about the training?**

**What changes would you suggest to improve this course?**

**Additional comments:**

*This form must be returned to the OHIO EMA Training Section upon course completion. It should be accompanied by the course sign in sheet and instructor invoice (if applicable). It is the responsibility of the instructor to return this form.*