OHIO EMERGENCY MANAGEMENT AGENCY

PARTICIPANT EVALUATION

COURSE TITLE: _________________________________ DATE(S): _____________________

COURSE INSTRUCTOR(S): __________________________________________________

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.