

**STATE EMERGENCY MANAGEMENT AGENCY
COURSE EVALUATION TRANSMITTAL**

COURSE NAME	COURSE CODE	DATE DELIVERED
COURSE MANAGER		# OF PARTICIPANTS
COURSE LOCATION (CITY)	STATE	REGION

DATA ATTACHED

Participant Course Evaluations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Course Manager Course Evaluations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Final Examination Scores	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Participant Roster	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Course Agenda	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NAMES OF INSTRUCTORS	ORGANIZATIONS REPRESENTED

SEND THIS FORM AND REQUIRED ATTACHMENTS TO YOUR STATE TRAINING EDUCATION OFFICE

SIGNATURE OF INDIVIDUAL COMPLETING FORM	DATE
STATE REVIEW	DATE

STATE EMERGENCY MANAGEMENT AGENCY
COURSE MANAGER-COURSE EVALUATION

See Reverse side for Paperwork Burden
 Disclosure Notice

O.M.B. No. 3067-0236

Course Title		Course Code
City	State	Beginning Course Date
Course Manager	% of Course Attended	Business Phone

PLEASE MARK THE APPROPRIATE RESPONSE AND PROVIDE REQUESTED COMMENTS

COURSE	Yes	No
A. Objectives were met	<input type="checkbox"/>	<input type="checkbox"/>
B. Delivered according to POI/ IG	<input type="checkbox"/>	<input type="checkbox"/>
C. Covered the right amount of material	<input type="checkbox"/>	<input type="checkbox"/>
D. Content was relevant	<input type="checkbox"/>	<input type="checkbox"/>
E. Time allocations were appropriate	<input type="checkbox"/>	<input type="checkbox"/>
F. Training aids were appropriate and of good quality	<input type="checkbox"/>	<input type="checkbox"/>
G. Difficulty level of material was appropriate	<input type="checkbox"/>	<input type="checkbox"/>
H. Sequence of lessons facilitated learning	<input type="checkbox"/>	<input type="checkbox"/>
I. Course is in need of revision / modification	<input type="checkbox"/>	<input type="checkbox"/>
J. Comments		
PRINTED MATERIALS		
	Yes	No
A. Technically accurate	<input type="checkbox"/>	<input type="checkbox"/>
B. Upto date	<input type="checkbox"/>	<input type="checkbox"/>
C. Well organized	<input type="checkbox"/>	<input type="checkbox"/>
D. Relevant	<input type="checkbox"/>	<input type="checkbox"/>
E. Good quality	<input type="checkbox"/>	<input type="checkbox"/>
F. Complete	<input type="checkbox"/>	<input type="checkbox"/>
G. Comments		
VISUAL AIDS		
	Yes	No
A. Technically accurate	<input type="checkbox"/>	<input type="checkbox"/>
B. Upto date	<input type="checkbox"/>	<input type="checkbox"/>
C. Well organized	<input type="checkbox"/>	<input type="checkbox"/>
D. Relevant	<input type="checkbox"/>	<input type="checkbox"/>
E. Good quality	<input type="checkbox"/>	<input type="checkbox"/>
F. Complete	<input type="checkbox"/>	<input type="checkbox"/>
G. Comments		
STUDENTS		
	Yes	No
A. Represented the target group	<input type="checkbox"/>	<input type="checkbox"/>
B. Well motivated	<input type="checkbox"/>	<input type="checkbox"/>
C. Received adequate pre-course information	<input type="checkbox"/>	<input type="checkbox"/>
D. Class size was manageable	<input type="checkbox"/>	<input type="checkbox"/>
E. Comments		

A. Based on your observations and a review of the participant evaluation forms, please respond to the following:
Problems encountered:

B. Suggestions for improving course materials, content, structure and delivery:

C. How was the attainment of the instructional objectives assessed (examinations, activities, interaction, other)?

D. Additional Comments:

Course Manager's Signature

Date

PAPERWORK BURDEN DISCLOSURE NOTICE

"Public reporting burden for this collection of information titled "Emergency Management Institute Field Evaluation Systems-Course Evaluation Forms" is estimated to average 16 minutes per response. The burden estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form. Reporting burden for this form, as part of the collection, is highlighted below. Send comments regarding this burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, S.W., Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0236), Washington, D.C. 20503."

FEMA Form No.	Title	Burden Hours
95-38	Course Evaluation Transmittal	5 minutes
95-39	Course Manager-Course Evaluation	30 minutes
95-42	Participant Course Evaluation Form	15 minutes