Federal Emergency Management Agency/Department of Homeland Security
U.S. Fire Administration Conference/Symposium Evaluation

DIRECTIONS FOR COMPLETING THIS FORM: Using a pen or pencil, please complete the course evaluation form by completely darkening the appropriate bubble for each item. Please fill in the bubbles. Do not sign or put your name on the form. All responses are confidential and will be reported ONLY in aggregate form.

Part I – Overall Conference/Symposium

To what extent do you agree that…

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The Conference/Symposium was:					
- Informative	○	○	○	○	○
- Productive	○	○	○	○	○
- Well organized	○	○	○	○	○
2. The Conference/Symposium format was appropriate.	○	○	○	○	○
3. The pre-Conference/Symposium information and instructions were clear and helpful	○	○	○	○	○
4. The Conference/Symposium provided adequate opportunities for:					
- Participation	○	○	○	○	○
- Suggestions	○	○	○	○	○
- Peer networking	○	○	○	○	○
5. I plan to share information from the Conference/Symposium with other members of my department/agency.	○	○	○	○	○

How?
Formally   ○
Informally ○

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. The topics and activities presented at the Conference/Symposium provided me with something new I expect to use	○	○	○	○	○

Is this the first Conference/Symposium that you've attended? ○ Yes   ○ No   If No, how many have you attended: ○ 2-4   ○ 5+

What did you find most useful about the Conference/Symposium?_____
_____

What did you find least useful?_____
_____

Suggestions for improvements:_____
_____
_____

General Comments:_____
_____
_____

Part II – Session/Workshop Effectiveness

Session Name:

_____

To what extent do you agree that…	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Presenter(s)/panel was skilled and professional	○	○	○	○	○
2. This session:					
- Was informative	○	○	○	○	○
- Was well organized	○	○	○	○	○
- Was useful	○	○	○	○	○
3. Ideas presented will help me do my job better	○	○	○	○	○

Comments on Session/Workshop:_____

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