

EVALUATION FORM

NAME (optional):



LOCATION:					
CLASS DATE:					
COURSE INSTRUCTORS:					
PLEASE PRINT THE NAMES OF YOUR INSTRUCTORS:				_	
Part 1. This information will be used to assess the effectiveness of this course and to 2 on a scale of 1 to 5 with "5" being the highest, please a check ✓ in the response who	_				
Course:	4)				
"5" is Best, "1" is the worst Explanation for a score in the "1" column is requested f column "1" is checked ✓ please explain why you strongly disagree in the COMMENTS section below.	Strongly Disagree				Strongly Agree
	1	2	3	4	5
A. Requirements and objectives were clear.					
B. Activities supported course objectives.					
C. Printed materials were complete and well organized.					
D. Audio-Visual materials were appropriate and effective.E. Contributed to my knowledge and skills.					
F. Course managers were knowledgeable.					
G. Course managers presented material in a creative manner.					
H. I would recommend this class to others.					
COMMENTS:					

Please see reverse side

1. What would you do to improve this course?
2. What types of training would you like to be held in the future?
 3. Would you like to be informed about future volunteer opportunities at any of the following organizations' Please check ✓ the appropriate boxes: □ American Red Cross, Nassau Chapter □ Nassau County Office of Emergency Management □ Salvation Army
□ Long Island Volunteer Center □ Fire Department
If so, please fill in the following: NAME:
ADDRESS:
PHONE NUMBER:
EMAIL ADDRESS:
4. Do you feel that you may assist others better than you would have before the training? (Please circle one) YES NO
 Do you feel CERT should be offered to other communities within Nassau County? (Please circle one) YES NO
6. What was the most valuable piece of information you have learned throughout the CERT training?
7. Overall, do you feel the CERT training has been a positive experience? This question is to be answered for classes 7 & 8 only (Please circle one) YES NO
CERT-144 (02-01-2009)