



FEMA

POST COURSE ASSESSMENT
National Training and Education Division (NTED)
Training Partners Program (TPP)

OMB Control Number: 1660-0132

FEMA Form Number: FF-008-FY-21-113 (formerly 016-0-2)

Expiration Date: March 31, 2025

Public reporting burden for FEMA Form FF-008-FY-21-113 (formerly 016-0-2) is estimated to average 15 minutes per response. Burden means the time, effort and financial resources expended to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0044). You are not required to respond to this collection of information unless it displays a valid OMB control number. NOTE: Please do not send your completed form to the above address, separate instructions for completing and returning the form are provided via email to recipients.

Instructions: The National Training and Education Division's Training Partners Program (TPP) values your expertise and professionalism and asks for your recommendations to improve the course that you recently attended. Please fill out each of the questions below and return it via email per the instructions provided. Your responses to these questions will remain anonymous. Thank you for your response and service to the Nation.

COURSE TITLE OR NAME: _____

Answer Selection: Correct = ● Incorrect = ✗ ✓ ⊖

A. Please indicate which Training Partner organization provided you the training course identified above.

Name of TPP organization: _____

B. Please indicate your primary discipline by choosing only one.

- | | |
|---|--|
| <input type="radio"/> Agricultural Safety (Pre- and Post-Harvest) (AGS) | <input type="radio"/> Information Technology (IT) |
| <input type="radio"/> Animal Emergency Services (AES) | <input type="radio"/> Law Enforcement (LE) |
| <input type="radio"/> Citizen/Community Volunteer (CV) | <input type="radio"/> Private Sector/Corporate Security and Safety Professionals (PSP) |
| <input type="radio"/> Emergency Management (EM) | <input type="radio"/> Public Health (PH) |
| <input type="radio"/> Emergency Medical Services (EMS) | <input type="radio"/> Public Safety Communications (PSC) |
| <input type="radio"/> Fire Service (FS) | <input type="radio"/> Public Works (PW) |
| <input type="radio"/> Governmental Administrative (GA) | <input type="radio"/> Search & Rescue (SR) |
| <input type="radio"/> Hazardous Materials (HM) | <input type="radio"/> Transportation Security (Air, Water, Ground, Port) (TS) |
| <input type="radio"/> Healthcare (HC) | <input type="radio"/> Other (OTH), please identify: _____ |

C. Please indicate your years of experience in the discipline selected in B. above.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-1	2-5	6-10	11-15	16-20	20-25	26 or over

D. Are you a supervisor? ☐ Yes ☐ No

E. Please indicate your level of knowledge and/or experience in the subject prior to attending this course.

☐ None ☐ Basic ☐ Intermediate ☐ Expert

F. Please Indicate your primary affiliation.

- | | |
|---------------------------------|---|
| <input type="radio"/> Federal | <input type="radio"/> Tribal |
| <input type="radio"/> State | <input type="radio"/> Private Sector |
| <input type="radio"/> County | <input type="radio"/> Special District |
| <input type="radio"/> City/Town | <input type="radio"/> Other, please identify: _____ |

G. If you selected county, city/town, tribal, private sector, or special district above, please indicate the size of your jurisdiction or tribal population.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-4,999	5,000-14,999	15,000-24,999	25,000-49,999	50,000-99,999	100,000 or over

Please circle the number that most closely represents your views.	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. I have used the concepts or skills gained from this training on the job since returning to my department.	1	2	3	4	5
Comments:					
2. The skills I learned from this course have helped me do my job more effectively.	1	2	3	4	5
Comments:					
3. This training has helped my office or organization create, modify or improve a plan, policy or procedure.	1	2	3	4	5
Comments:					
4. I am better prepared after taking this course in the following area(s):					
a. performing day-to-day functions	1	2	3	4	5
b. training	1	2	3	4	5
c. exercises	1	2	3	4	5
d. my operational mission	1	2	3	4	5
e. my response mission	1	2	3	4	5
Comments:					
5. I have shared information or skills presented in this course with other members (employees) of my organization.	1	2	3	4	5
Comments:					
6. The training received has proven valuable to me in the following area(s):					
a. performing day-to-day functions	1	2	3	4	5
b. training	1	2	3	4	5
c. exercises	1	2	3	4	5
d. my operational mission	1	2	3	4	5
e. my response mission	1	2	3	4	5