**DISASTER RESPONSE COORDINATOR TRAINING EVALUATION FORM**

* Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Date
* Coalition
* Your Church
* Thank you for taking a few minutes to give your feedback regarding this course. Your input will help us evaluate our programs to better meet your needs.
* **Please rate each aspect of the course**1=poor 2=below average 3=good 4=excellent

**Overall rating of course** 1 2 3 4
**Quality of slides/handouts** 1 2 3 4
**Relevance of materials** 1 2 3 4
**Clarity of presentation/explanations** 1 2 3 4
**Knowledge/ expertise of presenters** 1 2 3 4

**Would you recommend this training to others?** YES NO

**Did the course meet its objectives?** YES NO

**How was the length of the course?**  Too short Just Right Too Long

|  |  |
| --- | --- |
| * **What was most valuable from this training?**
 |  |
| * **What was least valuable?**
 |  |
| * **Any topics we should have covered?**
 |  |
| * **How could this training have been better?**
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**Did the training give you a greater understanding of your role as a Disaster Response Coordinator?**

 Yes No

 If no, what additional information would be helpful to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any additional comments?**