

Midwest Consortium for Hazardous Waste Worker Training
Preparedness for Disaster Volunteers (VOL) Program Evaluation

Date(s) of Program:

Trainee ID:

1. Please circle the response that best describes how much you agree or disagree with each of the following statements about the facilitator.

Described what I was going to learn.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Presented information clearly.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Was knowledgeable and informed.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply

2. Please circle the response that best describes how much you agree or disagree with each of the following statements about the program.

Was interesting.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Was appropriate for my needs.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Was interactive or hands on.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Taught me skills I will use in my community.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply

3. How would you rate this program overall? Circle one.

Very Good Good Fair Poor Very Poor

If part of this program was delivered online, how would you rate just the online part?

Very Good Good Fair Poor *Very Poor *Not Applicable

4. Please circle the response that best describes how much you agree or disagree with each of the following statements. *This course increased my...*

Knowledge/awareness of training needed by volunteers.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
Ability to use resources to find information.	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply

Please write your response to each question in the space provided below. Use the back for additional comments, if desired.

5. The most important thing I learned and will use from this course was...

6. The course would be more useful to me if it...

PLEASE CONTINUE TO THE NEXT PAGE

Midwest Consortium for Hazardous Waste Worker Training
VOL – Community Program Evaluation

Date(s) of Program:

Trainee ID:

7. Based on your experience with this program, would you prefer to take this program online or in the classroom?

- In person
- Online only
- Combination of in-person and online
- No preference
- Other

8. What other comments would you like to make about the instructor(s) or course?

Please take a moment to review your answers and make sure you have answered all the questions.

THANK YOU FOR YOUR TIME AND INPUT!