**National Traffic Incident Management (TIM) Responder Training Program**

**Course Evaluation Form**

**Instructions:** Please answer the following questions about the TIM training that you just received. Check only one box indicating the degree to which you agree or disagree with each statement. You may also provide comments or explanations in the spaces provided.

**Demographics**

|  |  |
| --- | --- |
| Training Location (City, State): |  |
| Training Date: |  |
| Length of Training: | [ ]  10+ Hours [ ]  8 Hours [ ]  4 Hours [ ]  3 Hours [ ]  2 Hours [ ]  1 Hour [ ]  Other |
| Name (Optional): |  |
| E-mail Address (Optional): |  |
| Agency or Organization: |  |
| Primary TIM Discipline: | [ ]  Law Enforcement [ ]  Fire [ ]  Towing [ ]  EMS [ ]  Transportation [ ]  Other |

**Overall Training and Content**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Check only one box for each statement) | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 1. The content of this training course was valuable to me in developing my knowledge of TIM.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. The content of this training appropriately built on my existing knowledge of TIM.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. I am satisfied that the learning objectives for this training were met.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. I believe that the time dedicated to the training was appropriate.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. During the training I learned methods/practices that I can apply to help mitigate incident impacts.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. The course helped me further appreciate the responder and motorist safety element of TIM and how quick clearance also promotes safety.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. Comments or Explanation

**Trainer(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Check only one box for each statement) | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 1. The trainer clearly explained the goals and objectives of the training.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. The trainer clearly conveyed the material to the audience.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. The trainer’s knowledge of the subject matter was satisfactory.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. The trainer’s pace of presenting the material was appropriate.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. The trainer satisfactorily answered participants’ questions.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. The trainer satisfactorily used training aids (e.g. PowerPoint slides, activities, etc.) to help facilitate a clearer understanding of the topic.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. Comments or Explanation

1. If you believe that the course contains gaps or omits any content that would be valuable, please describe.