



# Watch out behind you! Responder Safety on the Roadway



## Program Evaluation

*Please take a few minutes to give us your feedback on this program.*

What was your level of knowledge regarding roadway safety prior to the program? Circle one  
*Very knowledgeable - Somewhat knowledgeable - Very little knowledge of the issues*

Please circle your response to the following questions.

1=strongly disagree/poor, 2=fair, 3=no strong opinion, 4=good and 5= strongly agree/excellent

- |  |           |
|--|-----------|
| 1. Did the program address the stated goal?                        | 1 2 3 4 5 |
| 2. Was the program clear and concise?                              | 1 2 3 4 5 |
| 3. Did information relate to your job?                             | 1 2 3 4 5 |
| 4. Will you use anything you learned today with your department?   | 1 2 3 4 5 |
| 5. Rate the effectiveness of the table Top exercises               | 1 2 3 4 5 |
| 6. Rate the effectiveness of the instructor                        | 1 2 3 4 5 |
| 7. Rate the overall values of the program                          | 1 2 3 4 5 |
| 8. Would you recommend this program to other emergency responders? | 1 2 3 4 5 |
| 9. What about the program was least valuable to you?               |           |

10. What about the program was of most value?

Use the back of this sheet to make additional comments or recommendations on how the program could be improved.