

FEMA Certification Preparation Survey

(Evaluators)

Date: _____ Location: _____

We are interested in obtaining feedback regarding your participation in this FEMA Canine Certification Preparation. Circle the number that best expresses your reaction to each item. Space is provided for your written comments.

1. The site met or exceeded the standard for certification. YES NO

Comments _____

2. The logistics including lodging arrangements met or exceeded my expectations. YES NO

Comments _____

3. The Evaluator cadre met the objective of assisting teams to certify or re-certify. YES NO

Comments _____

4. What was your overall opinion of this Certification Preparation? Excellent Poor
5 4 3 2 1

Comments:

Name _____