

FEMA Certification Preparation Survey

Date: _____ Location: _____

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

1. The training I received will help me and my dog certify. Yes Maybe No
3 2 1

Comments _____

2. I would recommend this training to others. Yes Maybe No
3 2 1

Comments _____

3. The evaluators were knowledgeable and helpful. Yes Maybe No
3 2 1

Comments _____

4. The site(s) met or exceeded the standard for certification. Yes Maybe No
3 2 1

Comments: _____

5. The logistics including lodging arrangements met or exceeded my expectations. Yes Maybe No
3 2 1

Comments: _____

5. Level of dog CE FSA In Training

6. Suggestions for improvement.

Comments _____

Name: _____