



In the Face of DISASTER

Program Evaluation

Please take a moment to provide feedback on the program you have just completed.

Level of Understanding

For each of the topics listed below, in the middle column, circle the number that best reflects your Level of Understanding BEFORE the program. Then, in the right column, circle the number that best reflects your Level of Understanding AFTER the program.

Poor=1, Average=2, Good=3, Excellent=4

LEVEL OF UNDERSTANDING OR ABILITY	BEFORE THE PROGRAM	AFTER THE PROGRAM
Steps I can take to prepare for a disaster	1 2 3 4	1 2 3 4
How to find reliable resources on disaster preparation and/or response	1 2 3 4	1 2 3 4
Items to include in a disaster kit	1 2 3 4	1 2 3 4

Intentions

Check whether you plan to change the following behaviors as a result of the program.

BEHAVIOR CHANGE	YES	NO
I will assemble or review my emergency/disaster kit.		
I will create or review my disaster response plan.		

The Most Significant Thing

What is the most significant thing from this program you will apply to your life?
 Feel free to list more than one.

Thank you for your time!

You are welcome to offer additional comments on the back of this sheet.