



# Changing Roles: Wildland-Urban Interface

## Trainer Evaluation and Feedback Form

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Please complete this form for each training program you conduct and return it by mail or fax to:

Southern Center for Wildland-Urban Interface Research and Information  
PO Box 110806, Gainesville, FL 32611-0806  
Fax: 352-376-4536

1. State and city in which the training was held: \_\_\_\_\_
2. Number of participants: \_\_\_\_\_  
Approximate percentage of male \_\_\_\_ and female \_\_\_\_ participants  
Approximate percentage of Caucasian \_\_\_\_, African-American \_\_\_\_, Hispanic-American \_\_\_\_,  
and other \_\_\_\_ participants
3. Number of agencies represented by trainers: \_\_\_\_\_
4. Number of agencies represented by participants: \_\_\_\_\_  
Please list these agencies: \_\_\_\_\_
5. What was the length of your program? \_\_\_\_\_ hours
6. Please attach an agenda of your training program.
7. Please describe the goals and objectives of this program: \_\_\_\_\_
  
8. Please check the modules and circle the exercises, fact sheets, and presentations you distributed or used during this program:  
\_\_\_\_ Module 1  
Exercises: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6  
Presentations: 1, 1.1, 1.2, 1.3, 1.4  
Video  
\_\_\_\_ Module 2  
Exercises: 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13  
Fact Sheets: 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10  
Presentations: 2, 2.1, 2.2, 2.3  
\_\_\_\_ Module 3  
Exercises: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9  
Fact Sheets: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7  
Presentations: 3, 3.1, 3.2, 3.3, 3.4, 3.5  
\_\_\_\_ Module 4  
Exercises: 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11  
Fact Sheets: 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11  
Presentations: 4, 4.1, 4.2, 4.3, 4.4, 4.5

**9.** Which case studies, if any, did you use? *circle the appropriate number(s)*

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23

**10.** How well did the exercises work for you? If you altered an exercise, please consider submitting your changes to us (by mail or FAX) so we can make those adaptations available to others.

**11.** Did you invite a guest speaker to make a presentation during your program? From where?

**12.** Did you have any unexpected challenges or difficulties with your program?

**13.** How would you summarize the participants' reactions to this program?

**14.** Did you use the pre- and post-test questions to evaluation learning? Please summarize what you learned from them:

**15.** Do you have plans to use these materials in the future? [ ] yes [ ] no

Which materials are you most likely to use?

**16.** How well did this material assist you in meeting a need for training in your agency?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> not at all | <input type="checkbox"/> pretty well |
| <input type="checkbox"/> a little   | <input type="checkbox"/> very well   |

**17.** How well did this material assist you in moving your agency into new roles and responsibilities?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> not at all | <input type="checkbox"/> pretty well |
| <input type="checkbox"/> a little   | <input type="checkbox"/> very well   |

**18.** What could improve these materials?

**19.** What advice do you have for other trainers who might use these materials?