Grain Engulfment Rescue Seminar Evaluation

Seminar Instructor:	**Seminar Instructor:**
Seminar Location:	**Seminar Dates:**
Type of Organization you represent: ( ) Fire ( ) EMS ( ) Police ( ) Industry ( ) Other _____	
Years of Experience: ( ) Less than 1 ( ) 1 - 3 ( ) 4 - 5 ( ) 6 - 9 ( ) 10 - 14 ( ) 15 - 19 ( ) 20 or more	

Seminar Assessment

What did you gain from this seminar?

Did the seminar meet with your expectations? Please describe

What would you change regarding this seminar?

Would you recommend this seminar to a colleague? Why or why not?

What was your reason for taking this seminar?

On a scale of one (1) to ten (10), how would you rate this seminar? Please circle your choice.

1 2 3 4 5 6 7 8 9 10

(Low) (High)

Additional Comments:

Thank you. If you require additional space please use the back of this form.