OHIO DEPARTMENT OF COMMERCE

DIVISION OF STATE FIRE MARSHAL

FIRE PREVENTION BUREAU PROGRAM EVALUATION FORM

Agency Name:	
Date of Program:	Inspection File #:
Subject/Title of Program:	
Fire Safety Educator:	
Fire Marshal. Because of the great loss of liver programs be effective and of the highest qu	
Name:	
Phone:	
Email Address:	

 $\underline{ \mbox{Please mark the most appropriate category for each question:} }$

	Excellent	Good	Fair	Poor
How knowledgeable was the instructor on the subject				
matter being presented?				
How well organized was the presentation?				
To what degree was the instructor able to "reach" his/her				
audience?				
To what degree did the program meet your expectations?				
How well were questions from the audience answered?				
If this program included "hands on" training with				
equipment or student activities, was everyone given an				
opportunity to participate?				
If any Audio or Video was used, how would you rate the				
quality?				

	Yes	No
What type of media was used?		
DVD		
PowerPoint		
Did the instructor contact you or someone in your organization prior to the program to plan the presentation?		

