



# Get to Know Fire

## Lesson Evaluation Form

Your feedback is important to our fire department's education program. We depend on your input to continue to provide high-quality, engaging fire prevention education in our community.

### Where to submit this form:

<b>Instructor name</b>	
<b>Date of lesson</b>	
<b>Fire department name</b>	
<b>City</b>	
<b>Lesson attended</b>	<input type="checkbox"/> Schools: Preschool-Kindergarten <input type="checkbox"/> Schools: Grades 1-2 <input type="checkbox"/> Schools: Grades 3-5 <input type="checkbox"/> Schools: Grades 6-7 <input type="checkbox"/> Fire and Life Safety House <input type="checkbox"/> Teens: Cooking Fire Safety <input type="checkbox"/> Teens: Career in the Fire Service <input type="checkbox"/> Adults <input type="checkbox"/> Portable Fire Extinguisher Training

### 1. Where was the lesson taught?

- Classroom       Fire hall       Other (please specify) \_\_\_\_\_

**2. In your opinion did the instructor effectively:**

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
Increase fire safety knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage/hold audience interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convey practical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet your expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider audience needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate knowledge and experience with the subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliver a lesson you would recommend to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Which topics did you find most useful? Why?**

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**4. Which topics did you find least useful? Why?**

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**7. Do you have any additional comments?**

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