

ABOUT THE SERVICE YOU RECEIVED (Con't)

	1	2	3	4	5	6	Does not apply
Inclusion of skills and information that you needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of course books and/or videos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness in helping you learn skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience of the times offered for this course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience of the available course locations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall satisfaction with this course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the skills you learned today, please fill in the bubble that represents how you feel about each of the following statements (on a scale from 1 to 6 (with 1 being Strongly disagreeing and 6 Strongly agreeing)).

I feel confident that I know how to identify an emergency situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel prepared to respond to an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable responding to an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this course to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ABOUT YOURSELF

The Kentucky Constable Association wants to know more about you and your specific needs to better tailor our training programs and services to our members. Please provide us with the following information:

You are: Male Female

Age Group:
 24-29 30-39 40-49 50-59 60 or older

How did you learn about this course?
 Printed material From KCA Officer/Staff
 Browsing the KCA Website From another Constable
 From Local/State/Federal Government At work

You consider yourself to be (FILL IN ONLY ONE)
 White Native Hawaiian or other Pacific Islander
 Hispanic or Latino (of any race) American Indian or Alaska Native
 Black or African American Two or more races
 Asian Other: _____

Space for Questions:

FOR OFFICE USE ONLY:
Where did the training take place? State Office R1 R2 R3 R4 R5
This course was conducted by:
 Authorized Instructor Volunteer Instructor Paid Instructor Leader
Month service was rendered: Month ____/____ Year