ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _____

Workshop Title: _____ *Alact Duprovize Overcow* _____

Date: _____ 1/21/02 _____

Please check the appropriate box.

I represent: ☒ EPA   ☐ Other (Specify) _____

I am: ☒ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: _____

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): __A__

2. Overall, the presentation of the course was appropriate for my level of experience.

    ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

    ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

    ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

    ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

    ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

    Suggestions for improving the balance of material: _____

    _____

6. List course topics/modules that you think should be:

    Shortened: _____

    Lengthened: _____

    Omitted: _____

    Added: _____

7. The course materials will be useful as a reference for my job.

    ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
    _X_ Yes   ____ No

    Why or why not? _____

    _____

9. Would you recommend this course to a colleague?
    _X_ Yes   ____ No

    Why or why not? ___Good Evaluation tools
    _____Good examples_____

Additional Comments:
    _____Cool toys -- great candy! ☺
    _____Thanks_____

    _____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _____

Workshop Title: _____*Adapt /overcome*_____

Date: ____*11/21/02*_____

Please check the appropriate box.

I represent: ☒ EPA ☐ Other (Specify) _____

I am: ☒ OSC ☐ Other (Specify) _____

Number of years of experience in your present position: _*< 1*_

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _*B+*_

2. Overall, the presentation of the course was appropriate for my level of experience.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

    ☒ Strongly Agree   ❏ Agree   ❏ Disagree   ❏ Strongly Disagree

    Suggestions for improving the balance of material: _____

    _____

6. List course topics/modules that you think should be:

    Shortened: _____

    Lengthened: _____

    Omitted: _____

    Added: _____

7. The course materials will be useful as a reference for my job.

    ❏ Strongly Agree ☒ Agree   ❏ Disagree   ❏ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
    ☒ Yes   _____ No

    Why or why not? _____

    _____

9. Would you recommend this course to a colleague?
    ☒ Yes   _____ No

    Why or why not? _____

    _____

Additional Comments:

    _____

    _____

    _____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _Curtis L. Francisco_

Workshop Title: _Adopt, Improvise & Outcome_

Date: _11/22/02_

Please check the appropriate box.

I represent: ☒ EPA ☐ Other (Specify) _____

I am: ☒ OSC ☐ Other (Specify) _____

Number of years of experience in your present position: _____

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _A_

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

   ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

   ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____ N/A _____

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
   ✓ Yes _____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
   ✓ Yes _____ No

Why or why not? _____

_____

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _Curtis Francisco_____

E-mail: _Francisco.Curtis@epa.gov_____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _____

Workshop Title: _Adapt, Improvise & O-Come_____

Date: _____21 Nov,_____

Please check the appropriate box.

I represent: ☑ EPA　　☐ Other (Specify) _____

I am: ☑ OSC　　☐ Other (Specify) _____

Number of years of experience in your present position: __10__

Please respond to the following questions:

1.　Please give the course a grade (A, Ⓑ, C, D, or F): _____

2.　Overall, the presentation of the course was appropriate for my level of experience.

☐ Strongly Agree　☑ Agree　☐ Disagree　☐ Strongly Disagree

Comments/Suggestions: _____

_____

3.　The content of the course is relevant to my job responsibilities.

☐ Strongly Agree　☑ Agree　☐ Disagree　☐ Strongly Disagree

Comments/Suggestions: _____

_____

4.　The case studies or examples were relevant to the content of the course.

☐ Strongly Agree　☑ Agree　☐ Disagree　☐ Strongly Disagree

☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☐ Strongly Agree ☐ Agree ☑ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
   ✔ Yes _____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
   ✔ Yes _____ No

Why or why not? _Good use of Thinking B/4 U Act._____

_____

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _____

Workshop Title: ___ADAPT IMPROVISE & OVERCOME____

Date: _____11/21/02_____

Please check the appropriate box.

I represent: ☑ EPA   ☐ Other (Specify) _____

I am: ☑ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: _____

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): __A__

2. Overall, the presentation of the course was appropriate for my level of experience.

    ☐ Strongly Agree ☑ Agree   ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

    ☐ Strongly Agree ☑ Agree   ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

    ☐ Strongly Agree ☑ Agree   ☐ Disagree ☐ Strongly Disagree

    ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5.   The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

        ☐ Strongly Agree ☑ Agree   ☐ Disagree   ☐ Strongly Disagree

        Suggestions for improving the balance of material: _____

        _____

6.   List course topics/modules that you think should be:

        Shortened: _____

        Lengthened: _____

        Omitted: _____

        Added: _____

7.   The course materials will be useful as a reference for my job.

        ☐ Strongly Agree ☑ Agree   ☐ Disagree   ☐ Strongly Disagree

8.   Did the abstract and/or name of the course meet your expectations?
        ✓ Yes   ____ No

        Why or why not? _____

        _____

9.   Would you recommend this course to a colleague?
        ✓ Yes   ____ No

        Why or why not? _____

        _____

Additional Comments:

        _____

        _____

        _____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _Robbie McGuffey_

Workshop Title: _Adapt, Improvise & Overcome_

Date: _11/21/02_

Please check the appropriate box.

I represent: ☐ EPA   ☐ Other (Specify) _____

I am: ☒ OSC   ☐ Other (Specify) _State of Kentucky_

Number of years of experience in your present position: _11_

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _____

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

   ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

   ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _Little more discussion time would be good._

6. List course topics/modules that you think should be:

Shortened: _Same_

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
_X_ Yes ____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
_X_ Yes ____ No

Why or why not? _____

_____

Additional Comments:
Real case scenario's were excellent

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _B. Shipley_

Workshop Title: _ADAPT & Improvise_

Date: _11/20/02_

Please check the appropriate box.

I represent: ☒ EPA ☐ Other (Specify) _____

I am: ☒ OSC ☐ Other (Specify) _____

Number of years of experience in your present position: _15_

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _B_

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

   ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

   ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
☒ Yes _____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
☒ Yes _____ No

Why or why not? _____

_____

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _BRAD   SHIPLEY_____   CASE STUPY
E-mail: _SHIPLEY.BRAD @ EPA.GOV_   GUAM Chemical,
                                     WARFARE TEST KITS

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _Jeff Kimble_

Workshop Title: _Adapt, Improvise, overcome (site strategy model)_

Date: _11-21-2008_

Please check the appropriate box.

I represent: ☒ EPA   ☐ Other (Specify) _____

I am: ☒ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: _1st year_

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _A_

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☐ Strongly Agree ☒ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

   ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

   ☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5.   The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6.   List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7.   The course materials will be useful as a reference for my job.

☐ Strongly Agree ☑ Agree   ☐ Disagree   ☐ Strongly Disagree

8.   Did the abstract and/or name of the course meet your expectations?
_X_ Yes   ____ No

Why or why not? _____

_____

9.   Would you recommend this course to a colleague?
_X_ Yes   ____ No

Why or why not? _____

_____

Additional Comments:
_____ The game actually made us think,
_____ very well thought out activity

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____Jeff Kimble_____

E-mail: ____Kimble.Jeffrey @ epa.gov____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _Harry Allen Jr_

Workshop Title: _Adapt, Improvise, Overcome_

Date: _11/21/02_

Please check the appropriate box.

I represent: ☑ EPA ☐ Other (Specify) _____

I am: ☑ OSC ☐ Other (Specify) _____

Number of years of experience in your present position: _0 -1_

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _A_

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

   ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

   ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _The case studies presented_
perspectives critical to strategizing and
planning Removal Actions.

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
   ☒ Yes   ____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
   ☒ Yes   ____ No

Why or why not? ___This is a very valuable___
___presentation for new OSCs___

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: __Harry_____

E-mail: __Allen.HarryL@epa.gov_____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _____

Workshop Title: ___Adapt Improvise & Overcome___

Date: ___11/21___

Please check the appropriate box.

I represent: ☒ EPA ☐ Other (Specify) _____

I am: ☒ OSC ☐ Other (Specify) _____

Number of years of experience in your present position: ___1___

Please respond to the following questions:

1.   Please give the course a grade (A, B, C, D, or F): __B__

2.   Overall, the presentation of the course was appropriate for my level of experience.

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

3.   The content of the course is relevant to my job responsibilities.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

4.   The case studies or examples were relevant to the content of the course.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

☐ No Case Studies or Examples Were Used

Comments/Suggestions: ___Does transquch example below?___

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: ___Transport Gas Site_____

Added: _____

7. The course materials will be useful as a reference for my job.

☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
   ☒ Yes ____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
   ☒ Yes ____ No

Why or why not? _____

_____

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _Glenn Adams_

Workshop Title: _Adapt, Improvise & Overcome_

Date: _11/21/02_

Please check the appropriate box.

I represent: ☑ EPA   ☐ Other (Specify) _____

I am: ☑ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: __1__

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _____

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

   ☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

   ☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
   ✓ Yes ____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
   ✓ Yes ____ No

Why or why not? _____

_____

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _____

Workshop Title: _Site Strategy Model_____

Date: _21 NOV02_____

Please check the appropriate box.

I represent: ☑ EPA   ☐ Other (Specify) _____

I am: ☑ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: _< 1 year_

Please respond to the following questions:

1.   Please give the course a grade (A) B, C, D, or F): _____

2.   Overall, the presentation of the course was appropriate for my level of experience.

☑ Strongly Agree ☐ Agree   ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3.   The content of the course is relevant to my job responsibilities.

☑ Strongly Agree ☐ Agree   ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4.   The case studies or examples were relevant to the content of the course.

☑ Strongly Agree ☐ Agree   ☐ Disagree ☐ Strongly Disagree

☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☑ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____ *No change* _____

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☑ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
   X Yes   ____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
   X Yes   ____ No

Why or why not? _____

_____

Additional Comments:
Great course, well put together and kept my interest — Course was excellent

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _Harry Allen III_

Workshop Title: _Adopt, Improvise & Overcome_

Date: _11/21/02_

Please check the appropriate box.

I represent: ☒ EPA ☐ Other (Specify) _____

I am: ☐ OSC ☒ Other (Specify) _ERT_

Number of years of experience in your present position: _22_

Please respond to the following questions:

1. Please give the course a grade (Ⓐ B, C, D, or F): _____

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _Good Job_

_____

3. The content of the course is relevant to my job responsibilities.

   ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

   ☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

    ☑ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

    Suggestions for improving the balance of material: _____

    _____

6. List course topics/modules that you think should be:

    Shortened: _____

    Lengthened: _____

    Omitted: _____

    Added: _____

7. The course materials will be useful as a reference for my job.

    ☐ Strongly Agree   ☑ Agree   ☐ Disagree   ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
    ✓ Yes   ____ No

    Why or why not? _____

    _____

9. Would you recommend this course to a colleague?
    ✓ Yes   ____ No

    Why or why not? _____

    _____

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _____

Workshop Title: _Adapt   Improvise_____

Date: _____

Please check the appropriate box.

I represent: ☐ EPA   ☐ Other (Specify) _____

I am: ☑ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: _<1_

Please respond to the following questions:

1.   Please give the course a grade (A, B, C, D, or F): _A_

2.   Overall, the presentation of the course was appropriate for my level of experience.

☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3.   The content of the course is relevant to my job responsibilities.

☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4.   The case studies or examples were relevant to the content of the course.

☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5.   The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☑ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6.   List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7.   The course materials will be useful as a reference for my job.

☑ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

8.   Did the abstract and/or name of the course meet your expectations?
     _✓_ Yes   ____ No

Why or why not? _____

_____

9.   Would you recommend this course to a colleague?
     _✓_ Yes   ____ No

Why or why not? _Great use of case studies drove_
home concepts of presentation.

Additional Comments:
Although not popular + bad example
where if concept was used would have
gone better would be excellent.

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _____

Workshop Title: ___Adapt_____

Date: ___11-21-02_____

Please check the appropriate box.

I represent: ☒ EPA   ☐ Other (Specify) _____

I am: ☒ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: _____

Please respond to the following questions:

1.   Please give the course a grade ((A)/B, C, D, or F): _____

2.   Overall, the presentation of the course was appropriate for my level of experience.

☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3.   The content of the course is relevant to my job responsibilities.

☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4.   The case studies or examples were relevant to the content of the course.

☒ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

    ☐ Strongly Agree ☐ Agree   ☐ Disagree ☐ Strongly Disagree

    Suggestions for improving the balance of material: _____
    _____

6. List course topics/modules that you think should be:

    Shortened: _____
    Lengthened: _____
    Omitted: _____
    Added: _____

7. The course materials will be useful as a reference for my job.

    ☐ Strongly Agree ☐ Agree   ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
    _____ Yes   _____ No

    Why or why not? _____
    _____

9. Would you recommend this course to a colleague?
    _____ Yes   _____ No

    Why or why not? _____
    _____

Additional Comments:
    Really good case studies!
    Great learning tools.

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _____

Workshop Title: _Adapt, Imp. + Overcome_____

Date: _____

Please check the appropriate box.

    I represent: ☑ EPA   ☐ Other (Specify) _____

    I am: ☑ OSC   ☐ Other (Specify) _____

    Number of years of experience in your present position: _1½_

Please respond to the following questions:

1.   Please give the course a grade (A, B, C, D, or F): _B_

2.   Overall, the presentation of the course was appropriate for my level of experience.

    ☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

3.   The content of the course is relevant to my job responsibilities.

    ☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

4.   The case studies or examples were relevant to the content of the course.

    ☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

    ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
   ✓ Yes _____ No

   Why or why not? _____

   _____

9. Would you recommend this course to a colleague?
   ✓ Yes _____ No

   Why or why not? _____

   _____

Additional Comments:
   Game was great — required quick thinking on the spot just like in the real world

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _Adam Palmer_

Workshop Title: _Adapt, Improvise, & Overcome_

Date: _11/21/02_

Please check the appropriate box.

I represent: ☐ EPA ☒ Other (Specify) _CA - Dept. Toxic Substances Control_

I am: ☐ OSC ☒ Other (Specify) _Senior Hazardous Substances Scientist_

Number of years of experience in your present position: _13_

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _B_

2. Overall, the presentation of the course was appropriate for my level of experience.

    ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

    ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

    ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

    ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

    ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

    Suggestions for improving the balance of material: _____

    _____

6. List course topics/modules that you think should be:

    Shortened: _____

    Lengthened: _____

    Omitted: _____

    Added: _____

7. The course materials will be useful as a reference for my job.

    ☐ Strongly Agree ☒ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
    ✓ Yes ____ No

    Why or why not? _____

    _____

9. Would you recommend this course to a colleague?
    ✓ Yes ____ No

    Why or why not? _____

    _____

Additional Comments:

    _____

    _____

    _____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _Adapt Improvise + Overcome..._

Workshop Title: _V_

Date: _11/21/02_

Please check the appropriate box.

I represent: ☑ EPA   ☐ Other (Specify) _____

I am: ☐ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: _____

Please respond to the following questions:

1.   Please give the course a grade (A, B, C, D, or F): _B+_

2.   Overall, the presentation of the course was appropriate for my level of experience.

☐ Strongly Agree ☑ Agree   ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3.   The content of the course is relevant to my job responsibilities.

☐ Strongly Agree ☑ Agree   ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4.   The case studies or examples were relevant to the content of the course.

☑ Strongly Agree ☐ Agree   ☐ Disagree ☐ Strongly Disagree

☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5.   The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

❑ Strongly Agree ☑ Agree ❑ Disagree ❑ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6.   List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7.   The course materials will be useful as a reference for my job.

❑ Strongly Agree ☑ Agree ❑ Disagree ❑ Strongly Disagree

8.   Did the abstract and/or name of the course meet your expectations?
   ✓ Yes   _____ No

Why or why not? _____

_____

9.   Would you recommend this course to a colleague?
   _____ Yes   _____ No

Why or why not? _____

_____

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

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ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _Paul Kahn_

Workshop Title: _Data Integrity Model_

Date: _11/21_

Please check the appropriate box.

I represent: ☒ EPA   ☐ Other (Specify) _____

I am: ☒ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: _12_

Please respond to the following questions:

1. Please give the course a grade (A, ⒷC, D, or F): _____

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☐ Strongly Agree ☒ Agree   ☐ Disagree ☐ Strongly Disagree

   Comments/Suggestions: _____

   _____

3. The content of the course is relevant to my job responsibilities.

   ☒ Strongly Agree ☐ Agree   ☐ Disagree ☐ Strongly Disagree

   Comments/Suggestions: _____

   _____

4. The case studies or examples were relevant to the content of the course.

   ☒ Strongly Agree ☐ Agree   ☐ Disagree ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

   Comments/Suggestions: _____

   _____

5.   The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☒ Strongly Agree   ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Suggestions for improving the balance of material: _During spill game you should explain why correct answer was the correct answer_

6.   List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7.   The course materials will be useful as a reference for my job.

☐ Strongly Agree ☒ Agree   ☐ Disagree   ☐ Strongly Disagree

8.   Did the abstract and/or name of the course meet your expectations?
☒ Yes   ____ No

Why or why not? _____

_____

9.   Would you recommend this course to a colleague?
☒ Yes   ____ No

Why or why not? _____

_____

Additional Comments: _Excellent job on Gray Lagoon removal, but question the wisdom of "sharing" too much decision-making with other parties._

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

* Good lessons learned from gas-spill anti-presentation.

Name (optional): _____

Workshop Title: _Adapt   Improvise &   Overcome._____

Date: _11/21/02 ._____

Please check the appropriate box.

I represent: ☑ EPA   ☐ Other (Specify) _____

I am: ☑ OSC   ☐ Other (Specify) _____

Number of years of experience in your present position: __1__

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _____

2. Overall, the presentation of the course was appropriate for my level of experience.

☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

Comments/Suggestions: _____

_____

4. The case studies or examples were relevant to the content of the course.

☑ Strongly Agree ☐ Agree   ☐ Disagree   ☐ Strongly Disagree

☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

    ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

    Suggestions for improving the balance of material: _____
    _____

6. List course topics/modules that you think should be: *None all done*
    very well

    Shortened: _____

    Lengthened: _____

    Omitted: _____

    Added: _____

7. The course materials will be useful as a reference for my job.

    ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
    __✓ Yes__   ____ No

    Why or why not? _____
    _____

9. Would you recommend this course to a colleague?
    ____ Yes   ____ No

    Why or why not? _____
    _____

Additional Comments:

    _____
    _____
    _____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

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ON-SCENE COORDINATOR (OSC) READINESS TRAINING PROGRAM
PHOENIX, ARIZONA

Name (optional): _____

Workshop Title: ~~Motivate~~ _Adapt, Improvise + Overcome_ _____

Date: _11/21/02_ _____

Please check the appropriate box.

I represent: ☑ EPA ☐ Other (Specify) _____

I am: ☑ OSC ☐ Other (Specify) _____

Number of years of experience in your present position: _>1_

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _A_

2. Overall, the presentation of the course was appropriate for my level of experience.

   ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

3. The content of the course is relevant to my job responsibilities.

   ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

4. The case studies or examples were relevant to the content of the course.

   ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

   ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _Case Studies were Excellent_

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Suggestions for improving the balance of material: _____

_____

6. List course topics/modules that you think should be:

Shortened: _____

Lengthened: _____

Omitted: _____

Added: _____

7. The course materials will be useful as a reference for my job.

☒ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
____ Yes ____ No

Why or why not? _____

_____

9. Would you recommend this course to a colleague?
__✓__ Yes ____ No

Why or why not? _____

_____

Additional Comments:

_____

_____

_____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *

Name (optional): _____

Workshop Title: _Adept Improvise ? Overcome_____

Date: _November 21 2002_____

Please check the appropriate box.

    I represent: ☐ EPA ☑ Other (Specify) _STATE_____

    I am: ☑ OSC ☐ Other (Specify) _____

    Number of years of experience in your present position: _____

Please respond to the following questions:

1. Please give the course a grade (A, B, C, D, or F): _B_

2. Overall, the presentation of the course was appropriate for my level of experience.

    ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _____

_____

3. The content of the course is relevant to my job responsibilities.

    ☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree

Comments/Suggestions: _While I don't have the same protocol as a_
FOSC, I must still direct incident actions and plan around obstacles.

4. The case studies or examples were relevant to the content of the course.

    ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

    ☐ No Case Studies or Examples Were Used

Comments/Suggestions: _____

_____

5. The course has a good balance of lecture material, visual aids, case studies or examples, and discussion time.

    ☑ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

    Suggestions for improving the balance of material: _____
    _____

6. List course topics/modules that you think should be:

    Shortened: _____
    Lengthened: _____
    Omitted: _____
    Added: _____

7. The course materials will be useful as a reference for my job.

    ☐ Strongly Agree ☑ Agree ☐ Disagree ☐ Strongly Disagree

8. Did the abstract and/or name of the course meet your expectations?
    _✓_ Yes   ____ No

    Why or why not? _Presenters remained focused on showing_
    that site conditions fluctuate and OSCs must be flexible.

9. Would you recommend this course to a colleague?
    _✓_ Yes   ____ No

    Why or why not? _Learning to adapt is important. Failing to_
    grasp this concept will lead to increased heartburn.

Additional Comments:

    _____
    _____
    _____

Would you be interested in developing and/or instructing future offerings of this topic. If so, please print your name and e-mail address.

Name: _____

E-mail: _____

* PLEASE RETURN THIS FORM TO THE COURSE FACILITATOR. *