

Fire Department Program Survey

Please note: All information provided is optional. Any information placed on this form is subject to public records' requests. Any feedback provided is greatly appreciated. This form can be returned to 343 W Howry Ave. DeLand, FL 32720, fireprevention@deland.org, or can be picked up by a member of Fire Prevention – 386 626 7331 option 2.

Name of person or organization: _____

Subject or program: _____

Date of program: _____

In the following categories, please rate from 1 to 5, 1 needing most improvement and 5 needing no improvement. If a question is not applicable, simply skip the question.

Community Outreach

How did you hear about this program? _____

How would you rate the visual presentation of the advertisement? 1 2 3 4 5

How would you rate the clarity of the advertisement message? 1 2 3 4 5

How effective was the advertisement? 1 2 3 4 5

Program Content

How would you rate the information provided? 1 2 3 4 5

How would you rate the presentation of the program? 1 2 3 4 5

How would you rate the resources/supplies? 1 2 3 4 5

How would you rate the interactive activities? 1 2 3 4 5

Instructor Evaluation

How would you rate your instructor's enthusiasm? 1 2 3 4 5

How would you rate the instructor's knowledge of the subject? 1 2 3 4 5

How would you rate the instructor's communication skills? 1 2 3 4 5

Overall Program Satisfaction

Please rate your overall satisfaction of the program. 1 2 3 4 5

Any additional feedback you want us to know?