

## Emergency Vehicle Technician Academy Scholarship Recipient Program Evaluation Form

Please be as brief but specific as you relate your experience at this year's EVT Academy.

1. What did you find to be the most beneficial part of the Academy as it relates to your job?

2. How will your attendance at the Academy benefit you? Your department?

3. What did you find missing from the Academy that you would like to see implemented?

4. Overall, how would you rate the program you attended? *(Check one response)*

<u>Poor</u>	<u>Average</u>	<u>Excellent</u>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

5. How would you rate the presenters in the programs you attended? *(Check one response)*

<u>Poor</u>	<u>Average</u>	<u>Excellent</u>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Additional comments.

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Rev 04/03/19*

**Please submit this form along with your Expense Reimbursement Form to the:**

FLORIDA FIRE CHIEFS' FOUNDATION  
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