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| **CEU Evaluation**  **Webinar –** Personal Physical Security and Security Interfaces | | | | | |
| **Name:** | **Date Viewed:** | | | | |
| **Agency:** | | | | | |
| **Session Title:** Personal Physical Security and Security Interfaces | | | | | |
| **Session Speakers:** | **Excellent** | | | **Needs Improvement** | |
| Jeff Haag | 4 | 3 | | 2 | 1 |
| Allen Lee | 4 | 3 | | 2 | 1 |
| **The Session:** | **Totally** | | | **Not At All** | |
| How closely did this session meet the program description? | 4 | 3 | | 2 | 1 |
| Did you find new ideas and useful concepts? | 4 | 3 | | 2 | 1 |
| Did you learn anything you can take back and use? | 4 | 3 | | 2 | 1 |
| Would you recommend this session be repeated? | 4 | 3 | | 2 | 1 |
| **Learning Outcomes: to what extent did the speaker meet each learning outcome? Participants will:** | | | | | |
| 1. Participants will recognize the dangers associated with your profession. | 4 | | 3 | 2 | 1 |
| 1. Participants will identify ways to increase your own personal safety. | 4 | | 3 | 2 | 1 |
| 1. Participants will learn ways to handle situations that can be life threatening. | 4 | | 3 | 2 | 1 |
| **Comments/Constructive Criticism:** | | | | | |
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| **What other session topics would you attend, if they were offered?** | | | | | |
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**Please return form to: fax – (850) 942-0712 or email –** [**office@frpa.org**](mailto:office@frpa.org)

**Evaluation Must be returned within one month of purchasing the webinar in order to receive CEUS**