

VICSES

School Emergency Preparedness Program

Teacher Visit Feedback

Date:

School: Year level

VICSES Presenters

Please tick the provided session/s

Emergency Ready Flood Ready Be Storm Smart Rescue Equipment

Please circle the most relevant response

1. Did the School Emergency Preparedness visit session meet the school program objective?

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Do you feel the VICSES School Emergency Preparedness resources were suitable for the year level?

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Do you feel that there was enough time allocated for the School Emergency Preparedness visit session?

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Would you be interested in booking future VICSES School Emergency Preparedness sessions for the school?

Yes No Not sure

5. General feedback

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