

NOAA Coastal Services Center  
Training Evaluation

The NOAA Coastal Services Center is committed to delivering quality training courses that meet the needs of the coastal management community. Because you recently (within the past year) participated in **[NAME OF COURSE]** we would like to know if you've had an opportunity to **apply** the knowledge and skills gained in that course. Please take **20 minutes** to answer the following questions. The information you provide will allow us to improve future offerings so that you are better able to use the knowledge and skills learned to your work.

**1. Which of the following best describes your organization or company? (check one)**

- Federal Government - NOAA (including contractors) - NOAA Line Office \_\_\_\_\_, Program Office \_\_\_\_\_
- Federal Government - Non-NOAA (including contractors) - Federal Agency Name \_\_\_\_\_
- State Coastal Zone Management Agency
- Other State Government
- Local Government
- NGO/Non-Profit
- Private
- Other (please specify) \_\_\_\_\_
- Co-operative Extension, excluding Sea Grant
- Sea Grant
- National Estuarine Research Reserve
- National Estuary Program
- Military
- International

**2. Which of the following best describes your primary role? (check one)**

- Data Management
- GIS
- Communication/Outreach
- Extension/Education
- Volunteer
- Program Management
- Commercial Use
- Recreational Use
- Community Planning
- Research/Science/Engineering
- Student
- Other (please specify) \_\_\_\_\_

**3. Please indicate the degree to which you have applied the skills/knowledge you gained during the training, using a 1 to 4 scale (where 1 = not at all and 4 = extensively)**

[COURSE OBJECTIVE 1]	1	2	3	4
[COURSE OBJECTIVE 2]	1	2	3	4
[COURSE OBJECTIVE 3]	1	2	3	4
[COURSE OBJECTIVE 4]	1	2	3	4

**4. Please list examples (such as decision-making, working with partners, etc.) of how you have applied those skills/knowledge:**

[COURSE OBJECTIVE 1] \_\_\_\_\_

[COURSE OBJECTIVE 2] \_\_\_\_\_  
[COURSE OBJECTIVE 3] \_\_\_\_\_  
[COURSE OBJECTIVE 4] \_\_\_\_\_

**5. Please explain any barriers to applying the skills/knowledge you gained during the training:**

[COURSE OBJECTIVE 1] \_\_\_\_\_  
[COURSE OBJECTIVE 2] \_\_\_\_\_  
[COURSE OBJECTIVE 3] \_\_\_\_\_  
[COURSE OBJECTIVE 4] \_\_\_\_\_

**6. Are there any aspects related to delivery and/or content of the course that you now feel should be handled differently? Please explain your answer.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Since attending the training, have you engaged in any new collaborations resulting from the training and related to the training topic, with any of the people you met there? If yes, please describe the collaboration.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Have you recommended this training to colleagues or partners?**

Yes Why? \_\_\_\_\_  
 No Why? \_\_\_\_\_

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