

NIST Instructor Training Course Student Evaluation

Directions: Please indicate your evaluation of each item by circling the appropriate score and include additional comments where applicable. Use the bottom of the second page if necessary.

1. Overall Satisfaction

This session exceeded my expectations:

I would recommend this session to others:

Don't know or Doesn't Apply	Disagree	>	>	>	>	Agree
0	1	2	3	4	5	6
0	1	2	3	4	5	6

I liked the following thing best about the seminar. Why?

I liked the following thing least about the seminar. Why?

If I were to improve this seminar to make it more effective, I would:

2. Satisfaction: Administration & Facility

The course registration process was:

The class room was conducive to learning
(lighting, sound, seating, temperature, equipment, s

Don't know or Doesn't Apply	Inadequate	Poor	Acceptable	Good	Very Good	Outstanding
0	1	2	3	4	5	6
0	1	2	3	4	5	6

3. Satisfaction: Instruction

Instructor _____ (skill, knowledge, delivery):

Instructor _____ (skill, knowledge, delivery):

The length and the pace of the seminar were:

Don't know or Doesn't Apply	Inadequate	Poor	Acceptable	Good	Very Good	Outstanding
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6

Note: Please circle '0' for those that do not apply to this course:

The technical content was relevant and applicable to

Don't know or Doesn't Apply	Disagree	>	>	>	>	Agree
0	1	2	3	4	5	6

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The instructional level of difficulty was appropriate for me

Audio/visual presentations (lectures & demonstrations) contributed to my learning:

Discussions, demonstrations, application exercises, question/answer time, and homework contributed to my learning:

The seminar handouts & materials contributed to my learning:

The field trip/hands on training contributed to my learning:

0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6

4. Learning

My understanding of this topic prior to attendance was at this level:

I think my current understanding of this topic at the end of the seminar is at this level:

No Knowledge	Somewhat Familiar	Familiar	Very Familiar	Very Familiar/Able to implement and share examples	Expert
0	1	2	3	4	5
0	1	2	3	4	5

Please describe 3 things that you learned during this session:

5. Application

I learned and will apply the following items in the performance of my job

May we contact you in 45 days to follow up on the application of these skills? Yes No

Contact Information: _____

6. Needs Assessment

I need the following additional training or courses to improve performance of my responsibilities

NOTE: This questionnaire contains collection of information requirements subject to the Paperwork Reduction Act (PRA). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject to the PRA if it does not display this notice.

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to the requirements of the PRA, unless that collection of information displays a currently valid OMB Control Number. The estimated response time for this questionnaire is 5 minutes. The response time includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, Attn., Carol Hockert, carol.hockert@nist.gov 301-975-4004. The OMB Control No. is 0693-0033, which expires on 10/31/2012.

45 Day Follow-Up Questions

1. If you have applied something, what did you apply and has there been an impact? Please describe.

2. If you have not applied anything, but intended to do so, what were/are the barriers that have prevented your
Please explain.

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needed,

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implementation?

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