

OFF BASE TRANSITION TRAINING PARTICIPANT SURVEY

COURSE TITLE DOL Employment Workshop		LOCATION
COURSE DATES	FACILITATOR'S NAME	PARTICIPANT'S NAME (OPTIONAL)

Evaluate each of the following areas and place an "X" in the appropriate rating block for each item. *If you mark a 1 or 2, please comment in the General Comments Block at bottom of form.*

1
2
3
4
5
STRONGLY DISAGREE DISAGREE NEITHER AGREE/DISAGREE AGREE STRONGLY AGREE

<p>1. Stated workshop objectives were accomplished.</p> <p style="margin-left: 20px;">Section 1 – Transition Planning.....</p> <p style="margin-left: 20px;">Section 2 – Career Exploration and Validation.....</p> <p style="margin-left: 20px;">Section 3 – Job Search Plan.....</p> <p style="margin-left: 20px;">Section 4 – Build an Effective Resume.....</p> <p style="margin-left: 20px;">Section 5 – Federal Hiring, Resumes and Programs..</p> <p style="margin-left: 20px;">Section 6 – Skilled Interview.....</p> <p style="margin-left: 20px;">Section 7 – Interview Post Analysis.....</p> <p>2. Instructional materials were suitable.</p> <p>3. Level of difficulty was appropriate.</p> <p>4. Facilitator was effective.</p> <p>5. Length of workshop was appropriate.</p> <p>6. Subject matter was applicable to your employment and job search needs.</p> <p>7. Would recommend as useful to other veterans.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">4</td> <td style="width: 10%;">5</td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> </table>		1	2	3	4	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. What specific topical areas or features of the training were of the most value to you?

9. What were the least valuable?

YOUR KNOWLEDGE AND SKILL LEVEL

		10	9	8	7	6	5	4	3	2	1	0	
10. Before course	HIGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE
11. After course	HIGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE

12. How helpful was the curriculum and activities in improving your knowledge of career transition?

GREAT BENEFIT SOME LITTLE NO BENEFIT

13. What is your overall rating for the course?

	10	9	8	7	6	5	4	3	2	1	
EXCELLENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNSATISFACTORY

GENERAL COMMENTS (If more space is needed, continue on reverse)

