OMB Control #: 1040-0001 Expiration Date: 06/30/2015

Participant Satisfaction Survey - EDMAP Program

Thank you for your candid thoughts and opinions. When you are finished entering responses, hit the "Send feedback" button at the bottom of the questionnaire. Your responses are anonymous. No one except the survey administrator will know if you responded, and your name will never be attached to your responses. The only way anyone else can know that a comment comes from you, is if you write something that identifies yourself. The survey administrator is Stephen Gillespie, an economist in the Office of the Director of the U.S. Geological Survey.

If you have any questions about the EDMAP program, please contact Doug Howard at 703-648-6978 or email dahoward@usgs.gov. If you have any questions about the survey, contact Steve Gillespie at 703-648-5705 or email msgaber@usgs.gov.

PAPERWORK REDUCTION ACT STATEMENT: A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This information collection is approved under OMB Control Number 1040-0001, with an expiration date of 06/30/2015. Public burden for the collection of this information is estimated to average 1 minute for the initial contact and 10 minutes per survey response. Comments concerning clarity, utility of information or burden reduction may be sent to the USGS Information Collection Clearance Officer, U.S. Geological Survey, 12201 Sunrise Valley Drive, MS 807, Reston, VA 20192.

SURVEY QUESTIONS

| No further stud | ies | |
|---------------------|------------------------|---|
| G Bachelors Major: | Date received: | College/University? |
| C Masters Major: | Date received: | Not completed yet College/University? |
| O Doctorate Major: | Date received: | C Not completed yet College/University? |
| Post Doc Major: | | College/University? |
| Please describe y | our employment history | y since your EDMAP experience. |
| Organization: | Pos | sition: |

| Organization: | | Position: | | | | | |
|--|-----------------|----------------|---------------------|--------------|--|--|--|
| Organization: | | Position: | | | | | |
| 3. How satisfied are you with your EDMAP experience? | | | | | | | |
| Scientific knowledg | e gained throug | the EDMAP or | ogram | | | | |
| | | | Very dissatisfied | O No opinion | | | |
| The adequacy of training/education in preparing you for your field project | | | | | | | |
| | | | Very dissatisfied | | | | |
| Guidance from you | r advisor/profe | ssor | | | | | |
| | | | C Very dissatisfied | O No opinion | | | |
| Overall satisfaction | with your FDN | AAP eynerience | | | | | |
| | | | C Very dissatisfied | No opinion | | | |
| 4. Has your EDMAP experience helped you in your education and/or career? (in selecting a university and/or career, obtaining employment, in day-to-day function on the job, etc.) | | | | | | | |
| C _{No} C _{Ye} | S | | | | | | |
| TOWNS 1 1 | | | | | | | |

If YES, please describe how it has helped you. $\label{eq:YES}$



5. Would you like to speak with someone at the EDMAP Headquarters Office to discuss in further detail your participation in and satisfaction with the EDMAP program?



6. Any other comments about your EDMAP experience?



Send Feedback

Thank you.