

REQUIRED OMB INFORMATION:

Indian Health Service (IHS) FY\_ eLearning Post Class Survey

Form Approved

OMB Form No. 0917-0036-06

Expiration Date: 5/31/2015

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

OIT values your input on the course you have just completed. Comments included on this post class survey will be used to help improve the effectiveness of OIT's training program.

**\*1. How did you hear about this OIT sponsored RPMS course?**

Web Site

Other (please specify)

**\*2. Was the registration process easy?**

Yes

No

If you answered no, please identify ways to make the registration process easier.

**\*3. Please rate the technical components below.**

	Disagree	Somewhat Agree	Agree	N/A
Adobe Connect/teleconference information was received the day of the session (if you were registered to participate).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Adobe Connect information supplied the correct login password.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The teleconference information supplied the correct number and access code.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructions on accessing the session were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*4. Is there anything that would improve the accessibility of this session?**

- No
- Yes

If yes, please note how accessibility may be improved:

**\*5. Please rate the presentation methods.**

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
Presentation was clear and easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objectives were clearly stated at the beginning of the session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training was paced appropriately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*6. Please rate the instructor.**

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
Was prepared and organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained objectives clearly at the start of the training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated knowledge of the subject material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressed participant questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made the course interesting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spoke slowly and clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*7. What part of the training did you find most useful?**

**\*8. What part of this training did you find least useful?**

**9. Please make additional comments here.**