

NIST Training Evaluation

Directions: Please circle the appropriate score.

Include additional comments where applicable. Please print legibly. Use the bottom of the last page, if necessary.

1. Overall Satisfaction	Don't Know or Doesn't Apply	Disagree	>	>	>	>	Agree
a. Considering the stated objectives, this training met my expectations:	0	1	2	3	4	5	6
b. I would recommend this training to others:	0	1	2	3	4	5	6

c. What did you like best about the training? Why?

d. What did you like least about the training? Why?

e. If I were to improve this training to make it more effective, I would:

2. Satisfaction: Instruction	Don't Know or Doesn't Apply	Needs Improvement	Marginal	Acceptable	Good	Very Good	Outstanding
a. 1. Instructor _____ (skill, knowledge, delivery):	0	1	2	3	4	5	6
a. 2. Instructor _____ (skill, knowledge, delivery):	0	1	2	3	4	5	6
a. 3. Guest Speaker _____ (skill, knowledge, delivery):	0	1	2	3	4	5	6
a. 4. Guest Speaker _____ (skill, knowledge, delivery):	0	1	2	3	4	5	6

b. Feedback for individual instructors

1. Instructor _____:
2. Instructor _____:
3. Guest Speaker _____:
4. Guest Speaker _____:

	Don't Know or Doesn't Apply	Disagree	>	>	>	>	Agree
c. The length and the pace of the training were conducive to learning:	0	1	2	3	4	5	6
d. The technical content was relevant and applicable to my work:	0	1	2	3	4	5	6
e. The content level of difficulty was appropriate for me:	0	1	2	3	4	5	6
The following contributed to my learning:							
f. Presentations	0	1	2	3	4	5	6
g. Audio/visual aids	0	1	2	3	4	5	6
h. Demonstrations	0	1	2	3	4	5	6
i. Work groups	0	1	2	3	4	5	6
j. Hands-on activities	0	1	2	3	4	5	6
k. Question and answer time	0	1	2	3	4	5	6
l. Homework	0	1	2	3	4	5	6
m. Handouts and materials	0	1	2	3	4	5	6
n. Field trip	0	1	2	3	4	5	6

o. Comments:

3. Satisfaction: Administration & Facility

	Don't Know or Doesn't Apply	Needs Improvement	Marginal	Acceptable	Good	Very Good	Outstanding
a. The training online enrollment process was:	0	1	2	3	4	5	6
b. The training payment process was:	0	1	2	3	4	5	6
c. The classroom was conducive to learning:	0	1	2	3	4	5	6

d. Any specific classroom aspects that needed improvement (circle all those that apply):

lighting sound seating temperature equipment location other _____

e. Comments:

4. Learning

Please assess your understanding and learning of this topic based on your participation in this training:	No Knowledge	Somewhat Familiar	Familiar	Very Familiar	Able to Implement	Able to Implement and Share Examples
a. Prior to this training	0	1	2	3	4	5
b. At the end of this training	0	1	2	3	4	5

c. Indicate years of experience with this topic (Circle one): Less than 1 1-5 greater than 5

d. Comments:

5. Application

a. I learned and will apply the following three things in the performance of my job:

- 1)
- 2)
- 3)

6. Needs Assessment

a. I need the following additional training and/or support tools (e.g., procedures, spreadsheets, etc.) to improve performance of my responsibilities (please respond considering both the subject of this training and any other topics important for your responsibilities):

7. General

a. How did you first hear about this training event (circle one)?

NIST website From NIST staff NIST Newsletter Received an e-mail from NIST
 At another NIST training event Other _____

b. Please add further comments that you have:

c. Include contact information (optional):

Name: _____ email: _____ Phone: _____

NOTE: This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: Marc Buttler, marc.buttler@nist.gov, 301-975-4615.

OMB Control No. 0693-0033
 Expiration Date: 10-31-2012

Class Title

Date of Class

45-Day Follow-Up Questions

Please answer the following questions regarding the training [Title] held on [Date] in [Location] , and return survey to _____.

1. If you have applied something from the training, what did you apply and has there been an impact? (Please describe and provide examples of what you applied and, if possible, quantify impact).

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

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