

## Exam Prep Evaluation [For Approval PRA/OMB]

Please give us your feedback on the [Insert Year] Examiner Preparation Course held in [Insert City, State]. We will use your feedback in planning future training. Thank you for your participation.

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OMB Control # 0693-0033

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### 1. Please choose your examiner status (national program).

- New Examiner
- Returning Examiner
- Senior Examiner
- Alumni Examiner
- Non-Examiner (Baldrige Examiner Training Experience attendee)
- Judge

### 2. Name of Your Staff Facilitator (for the Wednesday to Friday class only)

### 3. How effective was the Pework assignment in preparing you for this training?

- Very ineffective  Ineffective  Marginally effective  Effective  Very effective

Strengths? Improvement Ideas?

### 4. How much has your knowledge and/or skill improved as a result of this session? (do not

include a Tuesday session if you attended one.).

	no improvement	little improvement	some improvement	good amount of improvement	tremendous improvement
Understanding the Baldrige Criteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining Key Factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing an award application or case study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying Strengths and Opportunities for Improvement (OFIs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing Feedback-Ready Comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining a Scoring Range and Score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. To what extent were you satisfied with the following:

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied or Satisfied	Satisfied	Very Satisfied
Training Registration Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refreshments at Breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. What were one or two of the greatest strengths of this session?**

**7. What one or two things could be done to make this training more enjoyable or valuable?**

**8. Overall Satisfaction with this Examiner Preparation Session (Wed - Friday)**

- Very Dissatisfied  Dissatisfied  Neither Satisfied nor Dissatisfied  Satisfied
- Very Satisfied

Other Comments

Thank you for your thoughtful responses. If you do not receive an email link to this evaluation, please fax to [Insert Baldrige staff member name] at 301-975-8543. Thanks!

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