

HITRC Training Three Month Survey

Purpose of This Survey and Instructions

Three months ago, you completed the HITRC training, *insert training name here*. As part of that course, you were asked to complete an Action Plan to help you apply what you learned. Thinking back on the training and your action plan, please respond to the statements listed below by indicating your level of agreement using the rating scales provided. This survey should take about 2 minutes to complete.

The results of this survey are strictly confidential and will not be attributable to any single individual, any Regional Extension Center (REC), or used for performance assessments. Results will not be maintained as part of any individual’s workforce or performance record. This information is used solely to improve HITRC training.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the survey. An 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. The OMB control number for this information collection is xxxx-xxxx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Department of Health and Human Services, 200 Independence Ave. S.W., Attn: OS Reports Clearance Officer, Washington, D.C. 20201.

ITEM	STRONGLY DISAGREE	1	2	3	4	5	STRONGLY AGREE		
	1	2	3	4	5	6			
1. This training has had a positive impact on my job performance.	1	2	3	4	5	6			
2. I have effectively applied what I learned in the training.	1	2	3	4	5	6			
3. Action planning helped me set clear, attainable, and measurable goals.	1	2	3	4	5	6			
4. I have achieved or made strong progress toward the goal(s) I set during the action planning process.	1	2	3	4	5	6			
5. I feel as if I have had adequate support from my peers and the communities to which I belong in applying what I have learned.	1	2	3	4	5	6			
6. I feel as if I have had adequate support from my leadership in applying what I have learned.	1	2	3	4	5	6			
7. To what degree do you think the training has been responsible for any improvement in your ability to perform the skills you learned in the course? <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%									
8. Self-assess how your knowledge and skills have changed as a result of this training. Using the scale below, please assess where you were before this training and how you rate yourself now after having completed the training. Scale: 1 = Low (No knowledge or skill) to 5 = High (Significant knowledge or skill)									
BEFORE THE TRAINING					AFTER THE TRAINING				
1	2	3	4	5	1	2	3	4	5
9. Please provide us with any further comments you would like to share in regards this training.									

