



National Institute of
Allergy and
Infectious Diseases

Office of Research Training and Special Programs
National Institute of Allergy and Infectious Diseases
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bridging the Career Gap for Underrepresented Minority Scientists

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Overall Evaluation Form

SECTION I *(Please circle your answer.)*

(4=Strongly Agree 3=Agree 2=Disagree

1=Strongly Disagree)

1. Attending this Workshop increased my knowledge/understanding of NIH/NIAID

mission, career options, peer review process	4	3	2	
1				
2. The Workshop offered information that was relevant to my research career....	4	3	2	1
3. I received new information that was not available to me prior to the Workshop		4	3	2
1				
4. The Workshop materials were valuable.....	4	3	2	1
5. The number of breakout sessions was appropriate.....	4	3	2	1

- | | | | | |
|---|---|---|---|---|
| 6. The topics addressed during the Workshop were appropriate..... | 4 | 3 | 2 | 1 |
| 7. I would recommend this Workshop to my colleagues..... | 4 | 3 | 2 | 1 |

SECTION II (Please circle your answer) (4=Excellent 3=Good 2=Fair 1=Poor)

8. How relevant was each of the following Workshop presentations to increasing your knowledge base in future research and career options

- | | | | | |
|--------------------------------------|---|---|---|---|
| a. NIH/NIAID Scientific Mission..... | 4 | 3 | 2 | 1 |
| b. Keys to Success..... | 4 | 3 | 2 | 1 |

<i>c. Experiences from the Front Line - Post Doc Panel.....</i>	4	3	2	1
<i>d. Funding Sources.....</i>	4	3	2	1
<i>e. Mentoring Presentation.....</i>	4	3	2	1
<i>f. Overview of Career Choices.....</i>	4	3	2	1
<i>g. Speaker Event with NIAID</i>	4	3	2	1
<i>h. NIH Grant System & Peer Review.....</i>	4	3	2	1
<i>i. Mock Study Section.....</i>	4	3	2	1

j. <i>Strategies for Success: Perspectives from Grantees and Reviewers.....</i>	4	3	2	1
k. <i>Role of Program Staff.....</i>	4	3	2	1
l. <i>Budget proposal pre-Post Award.....</i>	4	3	2	1
m. <i>Breakout Groups.....</i>	4	3	2	1

(Please indicate which breakout group you were in) _____

9. Please rate the Workshop arrangements and facilities. (4=Excellent 3=Good 2=Fair 1=Poor)

(Please circle "NA " if you did not use the

service.)

a. Convenience of site/date/time	(NA)	4	3	2	1
b. On-site registration process	(NA)	4	3	2	1
c. Meeting facility	(NA)	4	3	2	
e. Hotel accommodations (i.e., lodging room).....	(NA)	4	3	2	1

10. Overall, the Workshop was (4=Excellent 3=Good 2=Fair 1=Poor)
2..... 1

4 3

SECTION III

11. What were the strengths of this Workshop?

12. What suggestions do you have for improving this Workshop?

13. Which portion (s) of the workshop did you find most beneficial to your individual needs?

14. Additional Comments:

Name (optional):

(Please Print)

Check all boxes that apply:

- | | |
|---|--|
| <input type="checkbox"/> Predoctorate | <input type="checkbox"/> Postdoctorate |
| <input type="checkbox"/> Diversity Supplement | <input type="checkbox"/> nF32 grantee |
| <input type="checkbox"/> PSA (KII) grantee | |

Division of Intramural Research

IRTA

Staff Fellow

Other

(specify)

Clinical Associate

Visiting Fellow

Thank you for your participation!