Computer Based Training Post Class Survey

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OIT values your input on the course you have just completed. Thank you for taking five minutes to complete this end of course survey.

*1. What is your Area affiliation?

○ Aberdeen

○ Alaska

○ Albuquerque

○ Bemidji

○ Billings

○ California

○ Headquarters

○ Nashville

○ Navajo

○ Oklahoma

○ Phoenix

○ Portland

○ Tucson

Other (please specify)

[   ]

*2. What is your first name?

[   ]

*3. What is your last name?

[   ]

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Comments included on this end of course survey are used to improve the effectiveness of OIT's training program.

*4. How did you hear about this computer based training session?

☐ OIT Training Web Site

☐ CAC

☐ ISSO

☐ Distribution email

☐ Other (please specify)

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✱5. Please rate the technical components below.

	Disagree	Somewhat Agree	Agree	N/A
The OIT Training Web Site clearly identified available computer based training sessions.	○	○	○	○
The topic modules available on each application were easy to navigate.	○	○	○	○
The computer based training session opened quickly on my computer.	○	○	○	○
I did not encounter technical difficulties with the visual portion of the computer based training.	○	○	○	○
I did not encounter technical difficulties with the audio portion of the computer based training.	○	○	○	○

✱6. Is there anything that would improve the accessibility of this session?

○ No

○ Yes

If yes, please note how accessibility may be improved:

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*7. Please rate the presentation methods.

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
The presentation was clear and easy to follow.	○	○	○	○	○
I am now able to accomplish the course objectives.	○	○	○	○	○
The computer based training is a good reference tool.	○	○	○	○	○
I would recommend this session to new users.	○	○	○	○	○
I would recommend this session to users as a refresher course.	○	○	○	○	○

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

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

10. Please make additional comments here.

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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 0917-0036-28.

The time required to complete this information collection is estimated to average five 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.