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| OFF BASE TRANSITION TRAINING PARTICIPANT SURVEY | | |
| COURSE TITLE  **DOL Employment Workshop** | | LOCATION |
| COURSE DATES | FACILITATOR’S NAME | PARTICIPANT’S NAME (OPTIONAL) |
| Evaluate each of the following areas and place an “X” in the appropriate rating block for each item. *If you mark a 1 or 2, please comment in the General Comments Block at bottom of form.”*  **1 2 3 4 5**  **STRONGLY DISAGREE DISAGREE NEITHER AGREE/DISAGREE AGREE STRONGLY AGREE** | | |
| 1. Stated workshop objectives were accomplished. 1 2 3 4 5  Section 1 – Transition Planning……………………….  Section 2 – Career Exploration and Validation………  Section 3 – Job Search Plan…………………………..  Section 4 – Build an Effective Resume……………….  Section 5 – Federal Hiring, Resumes and Programs..  Section 6 – Skilled Interview……………………………  Section 7 – Interview Post Analysis……………………  2. Instructional materials were suitable.  3. Level of difficulty was appropriate.  4. Facilitator was effective.  5. Length of workshop was appropriate.  6. Subject matter was applicable to your employment and job search needs.  7. Would recommend as useful to other veterans. | | |
| 8. What specific topical areas or features of the training were of the most value to you? | | |
| 9. What were the least valuable? | | |
| YOUR KNOWLEDGE AND SKILL LEVEL  10 9 8 7 6 5 4 3 2 1 0  10. Before course HIGH            NONE  11. After course HIGH            NONE | | |
| 12. How helpful was the curriculum and activities in improving your knowledge of career transition?  GREAT BENEFIT  SOME  LITTLE  NO BENEFIT | | |
| 13. What is your overall rating for the course?  10 9 8 7 6 5 4 3 2 1  EXCELLENT           UNSATISFACTORY | | |
| GENERAL COMMENTS (If more space is needed, continue on reverse) | | |