VTrckS Training Survey

Form Approved OMB No: 0920-1026 Exp. Date: 07/31/2017

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0735)

VTRCKS	VACCINE TRACKING SYSTEM	
Partnering for	Health. Partners for Life.	

* 1.	What	training	event	did you	particip	ate in?
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*2. Month / Year of this course.

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3. How did we do?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
A. The class objectives were met.	0	O	O	О	O	O
B. The instructor clearly conveyed the training topic.	O	O	O	O	O	O
C. The course materials were well-organized and easy to follow.	O	0	0	O	O	0
D. The training included an appropriate amount of demonstration.	O	O	O	0	0	O
E. The training event was the right length of time for the subject matter.	0	0	0	0	0	O
F. There was sufficient time for questions.	O	O	O	0	O	O
G. Questions were effectively handled.	O	0	•	O	O	0

VTroke Training	Survoy				
VTrckS Training					
4. After taking this c					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A. Apply the skills taught to my job.	O	0	0	O	O
B. Use the materials provided in my job.	O	O	O	O	O
C. Access the training environment for additional practice.	0	O	0	O	O
D. Access the VTrckS Training Library for training support materials.	O	O	O	O	O
6. How do you plan	to use VTrck\$	5 ?			
C VTrckS Direct					
© ExIS					
7. Where are you fro	om?				