# NIHTC Training Evaluation - Meeting Facilitation

ID: 139

**Thank you for participating in a recent training at the NIH Training Center.  We appreciate your support.    
  
Please take a few minutes to share your feedback about the training and your overall experience with us.  
  
Rest assured, your input is confidential and will help ensure that we continue to provide a "5-star" experience to the NIH community.**

**OMB#: 0925-0648 ExpDate: 3/31/18  
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## Course Information

ID: 2

#### 1) Session Title\*

( ) Leadership Meeting

( ) Media Training

( ) Strategic Planning

( ) Teambuilding Activity

( ) Other - Write In

ID: 251

### 2) Please provide the name of the session

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID: 103

### 3) Start Date: Enter using the ****Calendar Tool**** to the right of the text box. (mm/dd/yyyy)\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### 4) Your IC/Office

( ) CC

( ) CIT

( ) CSR

( ) FIC

( ) NCATS

( ) NCCIH

( ) NCI

( ) NCRR

( ) NEI

( ) NHGRI

( ) NHLBI

( ) NIA

( ) NIAAA

( ) NIAID

( ) NIAMS

( ) NIBIB

( ) NICHD

( ) NIDA

( ) NIDCD

( ) NIDCR

( ) NIDDK

( ) NIEHS

( ) NIGMS

( ) NIMH

( ) NIMHD

( ) NINDS

( ) NINR

( ) NLM

( ) OD

( ) OHR

( ) ORF

( ) ORS

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### 5) Facilitator's Name (You may type multiple names, if applicable.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Course Rating

ID: 208

#### ****Please select the star rating that corresponds to your experience: 1 star = poor, 2 stars = fair, 3 stars = average, 4 stars = good, 5 stars = excellent**** How would you rate us on the following?

|  |  |
| --- | --- |
|  | **Star Rating** |
| Session meeting my expectations. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ID: 250

### Your expectations were not fully met, please tell us why:

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## Facilitator Ratings

ID: 242

#### ****​Please select the star rating that corresponds to your experience:1 star = poor, 2 stars = fair, 3 stars = average, 4 stars = good, 5 stars = excellent**** How would you rate the facilitator on the following?

|  |  |
| --- | --- |
|  | **Star Rating** |
| Facilitator keeping the group focused. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facilitator keeping the group engaged. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ID: 217

### You rated the facilitator below 4 stars in keeping the group focused, please tell us why:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ID: 249

### You rated the facilitator below 4 stars in keeping the group engaged, please tell us why:

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## Pace and Length

ID: 240

#### Please select a response for the following question: The ****LENGTH**** of the session was:

( ) Too Short

( ) About Right

( ) Too Long

ID: 241

#### Please select a response for the following question: The ****PACE**** of the session was:

( ) Too Slow

( ) About Right

( ) Too Fast

ID: 238

### Which part of this session do you feel will be ****MOST**** useful to you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ID: 239

### Which part of this session do you feel will be ****LEAST**** useful to you?

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## Additional Information

ID: 34

### Additional comments / suggestions:

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## Thank you for your feedback!

ID: 1

### Thank you for your feedback!  Our goal is to be a 5 star organization and your response is very important to us. Your response will be used to improve future programs at the NIH Training Center. If you have additional feedback, please contact the NIH Training Center at [training1@od.nih.gov](mailto:training1@od.nih.gov) or 301-496-6211