![data:image/gif;base64,R0lGODlhAQABAIAAAAAAAP///yH5BAEAAAAALAAAAAABAAEAAAIBRAA7](data:None;base64...)

# 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
Public reporting burden for this collection of information is estimated to average 5 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.**

## 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)\*

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

ID: 237

#### 4) Your IC/Office

( ) CC

( ) CIT

( ) CSR

( ) FIC

( ) NCATS

( ) NCCIH

( ) NCI

( ) NCRR

( ) NEI

( ) NHGRI

( ) NHLBI

( ) NIA

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( ) NIAMS

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( ) NIDA

( ) NIDCD

( ) NIDCR

( ) NIDDK

( ) NIEHS

( ) NIGMS

( ) NIMH

( ) NIMHD

( ) NINDS

( ) NINR

( ) NLM

( ) OD

( ) OHR

( ) ORF

( ) ORS

ID: 184

### 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 or 301-496-6211