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
- () NIAAA
- () NIAID
- () NIAMS
- () NIBIB
- () NICHD
- () 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 Ra	ıting			
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:			
	Facilitat	or 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	
	Facilitato r keeping the group focused.		

Facilitato

r keeping the group engaged.

ID: 217				
You rated the facilitator below 4 st why:	tars in keepi	ing the grou	p focused, ple	ease tell us
ID: 249				
You rated the facilitator below 4 st us why:	tars in keepi	ing the grou	p engaged, pl	ease tell
Pace and Length				
ID: 240				
Please select a response for the following	ng question: 7	Γhe 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?		
ID: 239		
Which part of this session do you feel will be LEAST useful to you?		

Additional Information

ID: 34	
Additional comments / suggestions:	

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