



### OSMRE National Technical Training Program (NTTP) Participant Course Effectiveness Evaluation

#### Some information about you.

1) NTTP Course Title:

2) Name (optional):

3) Title (optional):

4) Which state is your job located?

#### Learning Effectiveness

5) Have you performed duties related to the training since attending?  Yes  No  N/A

6) If No or N/A, please explain why.

	<b>Very Highly Skilled</b>	<b>Highly Skilled</b>	<b>Proficient</b>	<b>Very Low Skill</b>	<b>No Skill</b>
	5	4	3	2	1
7) Please indicate your knowledge BEFORE the training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>Very Highly Skilled</b>	<b>Highly Skilled</b>	<b>Proficient</b>	<b>Very Low Skill</b>	<b>No Skill</b>
	5	4	3	2	1
8) Please indicate your level of knowledge AFTER the training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Strongly Agree   Agree   No Opinion   Disagree   Strongly Disagree**

9) Attending the training has changed the way in which you perform your duties?

5                      4                      3                      2                      1  
                                                                                       

**Strongly Agree   Agree   No Opinion   Disagree   Strongly Disagree**

10) Your job performance has improved as a result of the training?

5                      4                      3                      2                      1  
                                                                                       

**Relevance to the Job**

**Very relevant   Relevant   Some relevant   Little relevant   Not relevant**

11) Please rate the relevance of the course content to your duties.

5                      4                      3                      2                      1  
                                                                                       

**Very relevant   Relevant   Some relevant   Little relevant   Not relevant**

12) Please rate the relevance of the course materials (test equipment, manuals, resources...)

5                      4                      3                      2                      1  
                                                                                       

**Very relevant   Relevant   Some relevant   Little relevant   Not relevant**

13) Please rate the relevance of the field exercise to tasks which you perform.

5                      4                      3                      2                      1  
                                                                                       

**Comments**

**Yes                      No**

14) Would you recommend this course to others?

                    

15) Do you have any additional comments?

**PAPERWORK REDUCTION ACT STATEMENT**

This information collection is voluntary and will be used to improve the effectiveness of technical training courses and to determine the respondents' perceived effectiveness of the training courses. Future technical training courses may be modified as needed in response to the comments received. Individual respondents will not be identified, but their responses will be used for statistical

purposes and may be quoted. Public reporting burden for this evaluation is estimated to average 10 minutes per response, including the time for reviewing the instructions, gathering and maintaining data, and completing and reviewing the evaluation. Federal Agencies 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.

Direct comments regarding the burden estimate or any other aspect of this evaluation to the Information Collection Clearance Officer, OSMRE, Room 203 SIB, 1951 Constitution Ave, NW, Washington, DC 20240.