

**PAPERWORK BURDEN DISCLOSURE NOTICE**

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Course Title and Number	Course Date	State
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<b>Please circle the number that most closely represents your views.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>1. My professional knowledge has increased as a result of this training.</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

Comments:

<b>2. The skills I learned from this course help me do my job better.</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

<b>3. I modified how I perform my duties based on what I learned in this course.</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

<b>4. My participation in this course has added value to my organization.</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

<b>5. I am given greater responsibilities as a result of this course</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

<b>6. My organization modified its policies, practices, or procedures based on what I learned in this course.</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

<b>7. I would recommend this course to others.</b>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

**What one change would you suggest for improvement?**

**If changes are made, what one thing would you most want to stay the same?** \_\_\_\_\_

Please use the enclosed envelope to return this survey by \_\_\_\_\_ Thank You.