**Attachment A**

**EXAMiner and Are you Thinking like an EXAMiner? Training Evaluation; to be completed by mineworkers**

**Form Approved**

**OMB NO. 0920-0953**

**Expiration Date: 7/31/2018**

**EXAMiner and Are you Thinking like an EXAMiner? Training Evaluation; to be completed by mineworkers**

**General Information**

**Current job title: Date:**

**Number years of mining experience: Training Location:**

**Number years in current position:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NIOSH values your comments.**  The statements below concern specific aspects of this program. Please indicate to what extent you agree or disagree with each statement and **provide your comments** where appropriate, using the following scale: | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Applicable** |

Public reporting burden of this collection of information is estimated to average 15 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0953).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What were the objectives of this training? (Please print)** | | | | | | | | | | | | | | | | | | | | | | | |
| Content is the information presented during the training. [Overall reaction to clarity of objectives and content] | | | | | | | | | | | | | | | | | | | | | | | |
| 1. These training objectives were clearly explained. 2. These identified objectives were met. 3. I understand the topics and content in this program. 4. I was engaged in the training because of the content. 5. The training content is relevant to my job. | | | | **1** | | | | | **2** | | | **3** | | | **4** | | | **5** | | | **6** | | |
|  | | |  | | | | |  | | |  | | |  | | |  | | |
| **Can you give an example of how the training content applies to the job you do or the location where you work? [Satisfaction can be derived; self-efficacy and perceived benefit]** | | | | | | | | | | | | | | | | | | | | | | | |
| The following activities/materials helped me to understand the content and achieve the stated objectives. | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Search task 2. Videos 3. Thought exercises 4. Class discussions | | | | | **1** | | | **2** | | | | | **3** | | | **4** | | | **5** | | | **6** | |
|  | | |  | | | | |  | | |  | | |  | | |  | |
| **Which of the above was most helpful at reinforcing the training content? [Reaction and Satisfaction]** | | | | | | | | | | | | | | | | | | | | | | | |
| It is important that you were able to see everything during the search task and training. | | | | | | | | | | | | | | | | | | | | | | | |
| 1. I could easily see the panoramic pictures during the search task 2. I could easily see the pictures and graphs during the training | | | | | **1** | | | **2** | | | | | **3** | | | **4** | | | **5** | | | **6** | |
|  | | |  | | | | |  | | |  | | |  | | |  | |
| **Which pictures or graphics did you have trouble seeing or difficulty understanding:** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Overall Program Rating [Satisfaction]** | | | | | | | | | | | | | | | | | | | | | | | |
| **1 = Completely Unacceptable … 10 = Very Exceptional** | **1** | **2** | **3** | | | **4** | | | | **5** | **6** | | | **7** | | | **8** | | | **9** | | | **10** |
| 1. My overall rating for this program |  |  |  | | |  | | | |  |  | | |  | | |  | | |  | | |  |
| **Your comments, please: (Please print)** | | | | | | | | | | | | | | | | | | | | | | | |
| **What do you plan to do differently after taking this training? [Perceived benefits]** | | | | | | | | | | | | | | | | | | | | | | | |
| **What may keep you from applying what you have learned in this program while on the job? [Perceived barriers/self-efficacy]** | | | | | | | | | | | | | | | | | | | | | | | |
| **Please share any information you believe would help us to improve this program.** | | | | | | | | | | | | | | | | | | | | | | | |
| **Thank you for taking the time to share your comments and reactions to your learning experience.** | | | | | | | | | | | | | | | | | | | | | | | |