**Onsite Post-Training Survey**

Below is a sample Onsite Post-Training Survey. The surveys are provided to event participants electronically and hardcopy. Surveys evaluating multiple sessions and dates will include the dates and titles of all sessions to be evaluated. Surveys are voluntary and training participants can opt out of completing evaluations for sessions they did not attend.

**Stakeholder Training Evaluation Form**

**[Session Title]**

**[Dates] ▪ [Location]**

**Day [X]**

*Please take a few minutes to complete the relevant section(s) of this evaluation form. Your feedback will assist CMS in determining the content and direction of subsequent training sessions. Your responses will remain confidential and will be reported in aggregate form only. Please do not include in your responses any personally identifiable information (PII).*

**Section A — Sessions**

**Please indicate your level of agreement with the following statements regarding [Session Title]**

*(Select* ***one*** *response per statement.)*

| **[Session Title]** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| --- | --- | --- | --- | --- | --- |
| Content was presented in an organized manner. | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Information regarding resources related to the topic of this session was provided. | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Session met the stated learning objectives. | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Information provided during this session will be useful to my organization | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| In general, the session met my expectations. | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |

**Section B— Training Logistics**

**<ONSITE RESPONDENT INSTRUMENT> How satisfied were you with each of the following aspects of the [Event Title] training?** *(Select* ***one*** *response for each aspect.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Aspect** | **Very Satisfied** | **Satisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable** |
| Helpfulness of onsite staff | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Registration check-in process | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Session location and accessibility | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Break(s) provided during the training | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Visibility of presentation slides and visual aids | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Audibility of the speaker(s) | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |

**<INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE > How satisfied were you with each of the following aspects of the [Event Title] training?***(Select* ***one*** *response for each aspect.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Aspect** | **Very Satisfied** | **Satisfied** | **Dissatisfied** | **Very Dissatisfied** | **Not Applicable** |
| Webinar log-in | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Webinar functionality | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Audibility of the speaker(s) | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |
| Question and Answer (Q&A) process | 🞆 | 🞆 | 🞆 | 🞆 | 🞆 |

**Section C - General Comments and Recommendations**

**<ONSITE RESPONDENT INSTRUMENT> If you expressed dissatisfaction with any aspect of this training, please provide a brief description of why you were dissatisfied in the space below.**

|  |
| --- |
| **Session Logistics:**  **Session Facilitation and Content:** |

**<PROGRAMMER INSTRUCTION: INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE AND WERE DISSATISFIED OR VERY DISSATISFIED WITH ANY ASPECT> You expressed dissatisfaction with at least one aspect of this training. Please provide a brief description of why you were dissatisfied in the space below.**

|  |
| --- |
| **Training Logistics:**  **Session Facilitation and Content:** |

**What did you like most about this training?**

|  |
| --- |
|  |

**What recommendations, if any, do you have for future [Event Title] training topics?**

|  |
| --- |
|  |

**Do you have any general comments regarding the [Event Title] training?**

|  |
| --- |
|  |

**Section D – Background Information**

**Which of the following best describes your organization?** *(Select* ***one*** *response only.)*

❒ Agent/Broker/Web-Broker ❒ Non-Marketplace Issuer

❒ Auditor/Potential Initial Validation Auditor (IVA) ❒ Pharmacy Benefit Manager (PBM)

❒ Centers for Medicare & Medicaid Services (CMS) ❒ Qualified Health Plan/Issuer

❒ Consultant/Contractor ❒ Regulator

❒ Cooperatives (CO-OP) ❒ State Agency

❒ Dental Plan ❒ State-Based Marketplace (SBM) Issuer

❒ Federally Facilitated Marketplace (FFM) Issuer ❒ State Reinsurance Entity

❒ Industry Association ❒ Third Party Administrator (TPA)

❒ Issuer Vendor ❒ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Navigators and Marketplace Assistor

**<ONSITE INSTRUMENTS—ISSUERS ONLY>:**

Which of the following best describes your organization’s issuer status? (Select the category that best describes your status.)

❒ New Issuer (1 year or less)

❒ Existing Issuer (More than 1 year)

❒ Not sure

**<PROGRAMMER INSTRUCTION: INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE—If ISSUER SELECTED ABOVE…)**

Which of the following best describes your organization’s issuer status? (Select the category that best describes your status.)

New Issuer (1 year or less)

Existing Issuer (More than 1 year)

Not sure

**State represented** **(States will be prelisted on hardcopy instruments, and will be included in dropdown format on electronic surveys.)**

**Which of the following best describes your role within your organization?** *(Select* ***one*** *response only.)*

❒ Chief Executive Officer ❒ Chief Financial Officer ❒ Compliance Staff

❒ Agent ❒ Broker ❒ CMS Staff

❒ Business/Program Analyst ❒ Third Party Submitter ❒ CMS Contractor

❒ Finance/Revenue Staff ❒ Coder/Data Analyst ❒ Operations Staff

❒ Risk Adjustment Staff ❒ Program/Project Manager ❒ Information ❒Technology Staff ❒ Consultant

❒ Industry Association Representative ❒ Quality Assurance/Quality Control Staff

❒ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Evaluation forms will be collected at the conclusion of the training.***

**Thank you for completing the [Event Title] Evaluation Form.**

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is* ***0938-1185.*** *The time required to complete this information collection is estimated to average* ***15 minutes*** *per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*