Attachment 2b – Exit Survey Screenshots

The Exit Survey consists of 2 parts: Part 1 the Alumni Network and Part 2 the Exit Feedback Survey about the Training Experience.

	CER INSTITUTE Development flan(eIDP)
Part 2: Exit Feedback Survey	
about the Training Experience	OMB Burden Statement
about the framing experience	OMB NO.: 0925-0046
	Expiration Date: 7/31/2019
Note the "OMB Burden Statement" is	Public reporting burden for this collection of information is estimated to average 20 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
beside the "Exit Survey."	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 (0925-0046). Do not return the completed form to this address.
When the trainee clicks the link, the	
screenshot to the right is shown.	
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NIH) NATIONAL CANCER INSTITUTE	
ELECTRONIC INDIVIDUAL DEVELOPMENT PLAN (eIDP)	
Exit Survey	OMB No.:0925-0046
	Expiration Date :7/31/2019 OMB Burden Statement
Basic Information	
Please select the fellowship program(s) in which you participated. Please mark all that apply.	
Cancer Research Training Award (CRTA) Fellow (US Citizens and Permanent Residents):	
Summer Intern	
Postbaccalaureate Fellow – Bachelor Level	
Postbaccalaureate Fellow – Master Level	
Graduate Student – Master Level	
Graduate Student – Doctoral Level	
Postdoctoral Fellow	
Cancer Prevention Fellow	
Visiting Fellow (on a training visa)	
Graduate Student - Doctoral Level	
Postdoctoral Fellow	
Postdoctoral Fellow Federal Employee (FTE)	
Postdoctoral Fellow	
 Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow 	
 Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable 	
 Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable Other (Please specify): 	
 Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable Other (Please specify): Please select the most recent position you held at NCI. Cancer Research Training Award (CRTA 	A) Fellow (US Citizens and Permanent Residents):
 Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable Other (Please specify): 	A) Fellow (US Citizens and Permanent Residents):
 Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable Other (Please specify): Please select the most recent position you held at NCI. Cancer Research Training Award (CRTA 	A) Fellow (US Citizens and Permanent Residents):
 Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable Other (Please specify): Please select the most recent position you held at NCI. Cancer Research Training Award (CRTA Select 	A) Fellow (US Citizens and Permanent Residents):
 Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable Other (Please specify): Please select the most recent position you held at NCI. Cancer Research Training Award (CRTA	4) Fellow (US Citizens and Permanent Residents): Next

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Exit Survey

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Future Plans

Please select the reason(s) for your departure:

- Taking professional scientific position
- Going to school/doing additional training
- Voluntary resignation, related to my research
- Voluntary resignation related to personal reasons
- Involuntary separation

If you are going to school/doing additional training, is it for:

- Master Degree
- Doctoral Degree
- Medical Degree
- Clinical Training
- Not Applicable
- Other

If you have taken a new job, at what type of organization will you be working?

- Academia
- Government
- Industry/For-Profit
- Not-for-profit
- Not Applicable
- Other Sector(please specify)

What duties will your job include? Please mark all that apply:

- Administrative
- Consulting
- Policy
- Not Applicable

- Clinical Intellectual Property
- Research
- Other (Please specify):

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Communications

Teaching

Project Management

Exit Survey

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Mentoring Relationship

How well did your mentor do the following within your Laboratory/Branch/Office?	Excellent	Good	Fair	Poor	Don't Know
COMMUNICATE EFFECTIVELY					
Communicated openly, frequently, and respectfully with you.	۲	•	0	0	0
Provided consistent, timely, and honest feedback.	۲	•	0		0
Encouraged open discussion about ideas.	۲	•	0	۲	
Listened to you carefully and discussed concerns you had.	۲	•	0	0	0
Comment:					
FOSTER A SUPPORTIVE ENVIRONMENT					
Maintained a relationship with you based on trust and mutual respect.	۲		0		\bigcirc
Provided a workplace free from harassment.					
Familiarized you with standard operating procedures and assisted you to navigate your organization.	۲	0			٥
Understood your unique situation and mentored you accordingly.	•		0		0
Made sure expectations of your work were clear.	0		0	0	0
Connected you with the colleagues and resources needed to do your work.			0	0	0
Supported your success and helped you achieve your career goals.	0	•	0	0	0
Reviewed your work thoughtfully and carefully.		0	0	0	0
Comment:					
PROMOTE YOUR PROFESSSIONAL DEVELOPMENT					
Reviewed your progress regularly and discussed any problems you encountered.			0	0	\bigcirc
Supported your attendance at training events to help you with your work and career goals.					
Identified and encouraged networking opportunities.		٥		0	۲
Comment:					

Do you have any additional comments about your mentoring relationship?

When I received PROJECT BASED feedback from my mentor, it was:

Not enough I Just right Too frequent

When I received CAREER BASED feedback from my mentor, it was:

Not enough I Just right Too frequent

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Exit Survey

OMB No.:0925-0046 Expiration Date :7/31/2019 OMB Burden Statement

Overall Experience

How satisfied were you with your training experience at NCI?

Very satisfied
 Somewhat satisfied
 Somewhat dissatisfied
 Very dissatisfied
 Comment:

To what extent do you agree or disagree with the following statements about your experience at the NCI?	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
n general, I liked the people with whom I worked most closely.	0	0	0	0
felt the work I did was important.	0	0	0	•
felt my work contributions were valued.	0	•	•	•
n general, I looked forward to coming to work at NCI.	•	•	•	•
had the basic tools, equipment, and resources needed to do my job.	•	•	•	
obtained the training required to do my job.	0	•	•	•
received opportunities to expand my skills in my position.	0	•		•
received training that prepared me for my next position or future career.	0	•	•	0

What were the most beneficial aspects of your training experience?

What were the most challenging aspects of your training experience?

Is there anything not mentioned above that could have been done to improve your training, professional development and overall experience?

Would you recommend training at NCI to a friend or colleague?

Definitely yes Probably yes Maybe Probably not Definitely not

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THANK YOU!

Thank you for taking the survey. we truly appreciate it.