

Copy of N-DEx System Distance Learning Feedback: N-DEx System Overview

Attendee Feedback 1. Please rate your satisfaction with: Neither Satisfied Dissatisfied Very Satisfied Satisfied Nor Dissatisfied Very Dissatisfied Registering for the course Accessing the class on the course date The quality of audio used in the course The quality of video used in the course The overall technical quality of the course 2. Please indicate your level of agreement with the following statements: Strongly Agree Agree Neutral Disagree Strongly Disagree The objectives of the course were clearly defined. The course contained opportunities for interactive learning. The course objectives were met. The time allotted for the course material was sufficient. 3. How relevant is the material to your role? Extremely relevant Not so relevant Very relevant Not at all relevant Somewhat relevant

| 4. How clear was the presentation of information? | |
|---|---|
| Extremely clear | Not so clear |
| Very clear | Not at all clear |
| Somewhat clear | |
| 5. How do you feel about the amount of information | presented? |
| Too little information | |
| About the right amount of information | |
| Too much information | |
| 6. How engaging was your instructor? | |
| Extremely engaging | Not so engaging |
| Very engaging | Not at all engaging |
| Somewhat engaging | |
| Very good Good | Poor |
| 8. Please rate your current confidence level for usin | g the N-DEx System based on the knowledge or skills |
| presented in the course. | |
| Extremely confident | |
| Very confident | |
| Somewhat confident | |
| Not so confident | |
| Not at all confident | |
| | |
| 9. What part of the course did you find most useful? | |
| 9. What part of the course did you find most useful? | |
| 9. What part of the course did you find most useful? | |

| 10. What aspects of the cou | rse could be improved? |
|-------------------------------|--|
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| 11. Do you have any other of | comments, questions, or concerns to share about the course, or about N-DEx |
| Distance Outreach efforts in | • |
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| 12. Which of the following be | est describes your primary role within your agency? |
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| | |
| 13. In the past six months (c | or since first access, if less than six months), about |
| how often have you used th | e N-DEx System? |
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Privacy Act Statement

Authority: The collection of this information is authorized under Title 34 U.S.C. § 10211, 44 U.S.C. § 3101, and the general record keeping provision of the Administrative Procedures Act (5 U.S.C. § 301). Completing the survey and providing your contact information is voluntary.

Principal Purpose: The purpose of this survey is to gather feedback regarding your experience with the N-DEx System distance learning session. If provided, your contact information will be used to contact you regarding your N-DEx System distance learning session experiences.

Routine Uses: All surveys will be maintained in accordance with the Privacy Act of 1974. Information on the survey may be disclosed with your consent, and may be disclosed without your consent as permitted by all applicable routine uses as published in the Federal Register (FR), including the routine uses for the FBI Online Collaboration Systems (JUSTICE/FBI-004), published at 82 FR 57291 (Dec. 4, 2017), and the routine uses for the National Data Exchange (N-DEx), FBI-020, 72 FR 56793 (Oct. 4, 2007), as amended by 82 FR 24151, 157 (May 25, 2017). Routine uses may include sharing information with other federal, territorial, state, local, and tribal criminal justice agencies.

Pursuant to Paperwork Reduction Act requirements, this collection has been assigned the following control number by the Office of Management and Budget (OMB): xxxx-xxxx. This OMB control number expires 12/31/2021.