



National Archives and Records Administration

Fill in name of office, library or regional archives

*Training and Event Evaluation*

We value your opinion. Please take a few minutes to complete this evaluation. Your comments help us maintain the quality of our services and help us plan future programs.

**Class Title:**

**Date:** [Click here to enter a date.](#)

**Instructor:**

		Use this scale to mark your rating:				
		Strongly Agree/Excellent	Agree/Very Good	Disagree/Good	Strongly Disagree/Poor	No Basis to answer or N/A
<b>The Course...</b>						
a. Objectives were made clear.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Content is useful/important for my job and/or professional development.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Handouts were informative.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Overall, I was satisfied with the Training class (RM, other).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The Instructor...</b>						
a. Was organized and prepared.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Encouraged participation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Related subject matter to real life situation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kept discussion focused on relevant topics.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Overall, instructor was very effective.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Customer Service</b>						
a. Course (or event) description was informative.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Registration process was user-friendly.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Facilities were conveniently located.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please tell us...</b>						
a. How you will use the information from the class.						
b. Which <u>one</u> of the following categories best describes you...						
<input type="checkbox"/>	Federal agency personnel, civilian or military					
<input type="checkbox"/>	College or university staff or student, business employee, researcher					
<input type="checkbox"/>	Educator or student for K-12 grades					
<input type="checkbox"/>	Genealogist, family historian or genealogical researcher					
<input type="checkbox"/>	Professional or non-profit educational organization					
<input type="checkbox"/>	State or local government agency personnel					
<input type="checkbox"/>	Foundation or Friends group associated with Fill in name of office, library or regional archives					
<input type="checkbox"/>	General public					
<input type="checkbox"/>	Other (please specify)					

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**c. How could this course/program be improved?**

(continue on other side)

If you wish to direct additional comments to a supervisor, you may contact