**Section A. Mandatory for all class/program evaluations**

**Title/Header**

* Use the NARA seal and our full name: National Archives and Records Administration
* Use the local facility name and location.



**Introductory Text**

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.



**Program information**

* (Course/Program title) Evaluation
* Date of course/program
* Trainer name, if applicable (E.g., Webinar host \_\_\_\_\_\_\_\_ or Workshop leader\_\_\_\_\_\_\_)
* Training class (RM, other)

**These bullets are the types of courses/programs that we anticipate will use this form. Please choose one to use in the second bullet of program information. This will help group similar offerings.**

* Workshop
* Conference
* Seminar
* Public program
* School program
* System training
* User testing
* Presentation

**Please remember to leave room for the following statement:**

**PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT**: You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be less than 5 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Rd, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS.

**OMB Control No. 3095-0070 Expiration date 10/31/2017**  **NA FORM 2019 (0X-17)**



**Section B. Content and Materials (may include comment block at the end)**

Questions followed by [Scale] must use one of the following headers:

*Strongly Agree Disagree Strongly No basis to answer*

*Agree Disagree*

- OR -

*Excellent Very Good Good Poor N/A*

**OBJECTIVES**

* Objectives were made clear [Agree scale]
* Exercises reinforced objectives [Agree scale]

**TOPIC**

* Topic was well covered [Agree scale]
* The content is useful/important for my job/professional development [Agree scale]
* The [type of program] provided relevant, useful information (Agree scale)
* I learned something that will help me (Agree scale)
* I gained new knowledge and skills that are useful for my work [Agree scale]
* How will you use information from the workshop (narrative)

**HANDOUTS (use only 1)**

* Overall evaluation of the handouts [Excellent scale]
* Handouts were useful [Fully or Agree scale]
* Quality and content of handouts [Excellent scale]
* The handouts were informative [Agree scale]
* Training materials were easy to use [Agree scale]

**LEVEL**

* In my opinion, this workshop is (circle one) introductory, intermediate, advanced
* Workshop was at the appropriate level of difficulty [Agree scale]
* Length of workshop was appropriate [Agree scale]

**SATISFACTION**

* Overall, I was satisfied with the ………… [Agree scale]  ***THIS IS MANDATORY***
* Would you recommend this program to a friend? (Yes/No) If used,
* What you liked best about the workshop (narrative)
* What you liked least about the workshop (narrative)



**Section C. Instructor, Speaker, or Presenter (may include comment block at the end and multiple sections for multiple instructors)**

Questions followed by [Scale] must use one of the following headers:

*Strongly Agree Disagree Strongly No basis to answer*

*Agree Disagree*

- OR -

*Excellent Very Good Good Poor N/A*

**KNOWLEDGE (all Excellent scale)**

* Communication skills [Scale]
* Knowledge of the subject [Scale]
* Confident with subject matter [Scale]
* Able to address my questions [Scale]

**SKILL (all Agree scale)**

* Was organized and prepared [Scale]
* Subject matter has practical applications for me [Scale]
* Related subject matter to real life situation [Scale]
* Kept discussion focused on relevant topics [Scale]

**STYLE**

* Responsiveness to questions [Excellent scale]
* Overall presentation style [Excellent scale]
* Encouraged participation [Agree scale]
* The (instructor/speaker/presenter) was effective [Agree scale]



**Section D. Infrastructure (May include comment block at the end)**

*Strongly Agree Disagree Strongly No basis to answer*

*Agree Disagree*

- OR -

*Excellent Very Good Good Poor N/A*

**FACILITIES (all Agree scale)**

* Facilities were conveniently located [Scale]
* Room provided a comfortable setting for learning [Scale]

**REGISTRATION (all Agree scale)**

* Course (or event) description was informative [Scale]
* Registration process was user friendly [Scale]
* Online information was easy to use [Scale]
* Online information was informative [Scale]

**PROGRAM DELIVERY (check boxes)**

* NARA classroom or conference room
* Agency classroom or conference room
* Rented public space
* Computer-based instruction/delivery
* Internet-hosted delivery



**Section E. Demographics (checkboxes)**

* Which one of the following categories best describes you . . .
  + National Archives employee, student, volunteer, or docent
  + Federal agency personnel, civilian or military
  + State or local government agency personnel
  + Foundation or Friends group associated with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fill in name of office, library, or regional archives)
  + Educator (please specify pre-service, elementary, middle, high school
  + Educator (please specify college or university, adult)
  + Student (please specify elementary, middle, high school)
  + Student (please specify college or university, graduate school, post-grad)
  + College or university staff or volunteer
  + Professional or non-profit educational organization
  + Genealogist, family historian, or genealogical researcher
  + Researcher
  + General public
  + Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (put last)



**Section F. Additional topics**

* I would like to see/hear more about this topic at the National Archives facilities (Agree scale)
* I would like to see/hear this speaker again at the National Archives facilities (Agree scale)
* How did you hear about the presentation? (narrative)
* Would you be interested in participating in an online workshop presented by the National Archives facilities? (yes/no)
* Would you be interested in viewing highlights of past lectures/films/events about the National Archives facilities on the Internet? (yes/no)
* I will recommend this workshop to others (ONLY if not used in Section B)
* What topics would you like featured in future workshops? (narrative)

**One last mandatory question:**

* How could this course/program be improved? (narrative)

**Optional after all other questions:**

If you would like to discuss this course or program, OR would like us to contact you regarding upcoming courses or programs, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or tell us how to get in touch with you.

NAME & ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_