

**Form Approved****OMB 3014-0011** (Expiration Date: 1/31/21)

**Paperwork Reduction Act Notice:** The estimated time for this webinar participant feedback survey is 6 minutes. Federal Agencies and their contractors may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this survey instrument to: PRA Clearance Officer, Office of the General Counsel, U.S. Access Board, 1331 F Street, NW, Suite 1000, Washington, D.C. 20004.

**1. Overall, how satisfied are you with your experience in this webinar?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

[Next](#)

## AccessibilityOnline - <Webinar Title and Date>

### 2. I learned about this session from (Please check all that apply):

- Email Announcement from the U.S. Access Board
- U.S. Access Board Website or Newsletter
- My Regional ADA Center
- My Organizations IT Department
- Section508.gov website
- Other (please specify)

[Prev](#)[Next](#)

**AccessibilityOnline - <Webinar Title and Date>**

**3. Please rate your level of satisfaction with the following specific aspects of the webinar presenter <Insert presenter name and organization here>**

	Very satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Presenter's Knowledge on the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presentation Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scope or breadth of the information presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of the information presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The usefulness of the information presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain specific reason(s) for your satisfaction above, if you wish.

Prev

Next

## AccessibilityOnline - <Webinar Title and Date>

4. How would you rate your knowledge of the webinar topic prior to attending this session?

- Expert
- Proficient
- Advanced Beginner
- Novice

Prev

Next

## AccessibilityOnline - <Webinar Title and Date>

### 5. What technologies did you use during this webinar:

- Webinar platform for both audio and visual
- Webinar platform for visual and Telephone for audio
- Telephone (landline) only
- Mobile phone or tablet

[Prev](#)[Next](#)

## AccessibilityOnline - <Webinar Title and Date>

6. Please rate your level of satisfaction with each technology you used for this webinar:

	N/A	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Webinar platform for visual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinar platform for Audio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone (landline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobile phone or tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain specific reason(s) of your satisfaction above, if you wish.

[Prev](#)[Next](#)

## AccessibilityOnline - <Webinar Title and Date>

**7. Below is a list of possible reasons that you might have enrolled in this webinar. (Please check all that apply):**

- I needed a continuing education credit
- I had a professional interest (other than getting the continuing education credit) in the webinar topic
- I had a personal interest in the webinar topic
- I was required to attend the webinar by my employer or supervisor
- Other (please specify)

[Prev](#)[Next](#)

## AccessibilityOnline - <Webinar Title and Date>

### 8. What is your occupation? (Please check all that apply):

- ADA coordinator/Accessibility specialist
- Attorney/Legal professional
- Accessibility Advocate
- Building Official/Code development or enforcement
- Construction manager/professional
- Design professional (Architect, Engineer, Interior Designer)
- Manufacturer/Vendor
- Other (Please specify)

[Prev](#)[Next](#)



## AccessibilityOnline - <Webinar Title and Date>

### 9. In what sector do you work?

- Federal government
- State or local government
- Private sector

[Prev](#)[Next](#)

## AccessibilityOnline - <Webinar Title and Date>

10. What other topics would you like to learn more about through the AccessibilityOnline Webinar Series?

[Prev](#)[Next](#)

## AccessibilityOnline - <Webinar Title and Date>

**11. Is there anything that we can do to improve this program or your experience with the AccessibilityOnline Webinar Series?**

[Prev](#)[Next](#)

## AccessibilityOnline - <Webinar Title and Date>

**12. If you would like to be added to the list serv to receive announcements regarding the AccessibilityOnline Program, please provide your email address:**

Email Address

Prev

Done

## AccessibilityOnline - <Webinar Title and Date>

THANK YOU for taking our survey. Your response is very important to us. All sessions are recorded and available for viewing within 2 business days following the close of the session. You can access the recording of the session as well as previous sessions on the AccessibilityOnline Webinar Series Website ([www.accessibilityonline.org](http://www.accessibilityonline.org))

Done