**INTRODUCTION – CYB 1400 CYBER BASIC COURSE**

The purpose of this survey is to collect the opinions of course participants regarding their experience in the CYB 1400 Cyber Basic Course. Please answer each question candidly, and be specific. We encourage you to take the time to write comments as they provide us with extremely valuable feedback.

All responses are anonymous, and results will be reported as group data. This survey will remain open for two weeks. You will have ONE attempt to open and complete this survey. Your participation should take less than 10 minutes.

The survey contains this introduction plus two sections of questions. As you complete each section, click “Submit” at the bottom of the page to proceed to the next section. At the end of the last section, select “Submit” to complete your survey.

Thank you for your participation.

**SECTION 1 of 2: ASSESSMENT OF COURSE INSTRUCTION**

***Except where noted, each of the questions will use a Likert scale of:***

*Strongly Disagree – Disagree – Neutral – Agree - Strongly Agree – Not Applicable*

**Feedback on Course:**

1. The content covered in this course matched what I expected to learn when I registered.
2. The content was appropriate for an introductory-level course.
3. It was clear how each lesson fit into the course as a whole.
4. The course included sufficient real-life examples, situations and cases to facilitate my understanding of course content.
5. I found this course engaging and interactive.
6. I felt challenged by the course material.
7. The class provided sufficient opportunities to practice the skills learned in this course.
8. The length of this course was appropriate for the content taught. [*uses the following Likert Scale:* Much Too Long – Too Long – Just Right – Too Short – Much too Short]
9. How would you rate the overall effectiveness of this course? [*uses the following Likert Scale:* Unacceptable – Not Satisfied – Satisfied – Very Satisfied – Excellent]
10. What knowledge and/or skills acquired in this course will you be able to use on the job? [open-ended question]
11. Do you anticipate any obstacles when trying to implement what you learned in this course? [yes/no – with comment box]
12. Which aspects of this course were the MOST valuable to your overall learning experience? [open-ended question]
13. Which aspects of this course were the LEAST valuable to your overall learning experience? [open-ended question]
14. General Comments regarding the content of this course: [open-ended question]

**Feedback on Instructor:**

**Name of Instructor 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. The instructor presented the course material in an organized manner.
2. The instructor spoke clearly and audibly.
3. The instructor knew the subject matter thoroughly.
4. The instructor covered material at an appropriate pace.
5. The instructor provided adequate opportunities for class discussion.
6. The instructor effectively facilitated class participation.
7. The instructor provided context which enabled me to understand how the lesson material applies to my job role.
8. The instructor captured my interest in the subject matter.
9. I received sufficient feedback on my class performance to help improve my learning.
10. General Comments regarding this instructor: [open-ended question]

**Name of Instructor 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. The instructor presented the course material in an organized manner.
2. The instructor spoke clearly and audibly.
3. The instructor knew the subject matter thoroughly.
4. The instructor covered material at an appropriate pace.
5. The instructor provided adequate opportunities for class discussion.
6. The instructor effectively facilitated class participation.
7. The instructor provided context which enabled me to understand how the lesson material applies to my job role.
8. The instructor captured my interest in the subject matter.
9. I received sufficient feedback on my class performance to help improve my learning.
10. General Comments regarding this instructor: [open-ended question]

**Feedback on Facilities:**

1. The class environment helped me to learn. [yes/no – with comment box]
2. Classroom technology worked as needed. [yes/no – with comment box]
3. Room accommodations met my expectations. [yes/no – with comment box]
4. Transportation was adequate and convenient. [yes/no – with comment box]

**SECTION 2 of 2: DEMOGRAPHIC INFORMATION**

**1. Field Office/Division:**

*Drop Down Question Format with:*

Albany

Albuquerque

Anchorage

Atlanta

Baltimore

Birmingham

Boston

Buffalo

Charlotte

Chicago

Cincinnati

Cleveland

Columbia

Counterintelligence Division

Counterterrorism Division

Criminal Investigative Division

Critical Incident Response Group

Cyber Division

Dallas

Denver

Detroit

Directorate of Intelligence

El Paso

Finance and Facilities Division

Honolulu

Houston

Human Resources Division

Indianapolis

Information and Technology Branch

Inspection Division

International Operations Division

Jackson

Jacksonville

Kansas City

Knoxville

Laboratory Division

Las Vegas

Little Rock

Los Angeles

Louisville

Memphis

Miami

Milwaukee

Minneapolis

Mobile

New Haven

New Orleans

New York City

Newark

Norfolk

Oklahoma City

Omaha

Operational Technology Division

Philadelphia

Phoenix

Pittsburgh

Portland

Records Management Division

Richmond

Sacramento

Saint Louis

Salt Lake City

San Antonio

San Diego

San Francisco

San Juan

Seattle

Security Division

Springfield

Tampa

Training Division

Washington Field

Weapons of Mass Destruction Directorate

Please type your location if not listed.

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2. Job Title:

*Drop Down Question Format with:*

Senior Executive Service

Assistant Legal Attaché

Assistant Special Agent in Charge

Assistant Section Chief

Computer Scientist

CyD Fellow

Detailee to the FBI

General Attorney

Information Technology Specialist

Information Technology Specialist - FE

Intelligence Analyst

Legal Attaché

Management and Program Analyst

Operational Support Technician

Staff Operations Specialist

Special Agent

Supervisory Intelligence Analyst

Supervisory Special Agent

Task Force Officer

Unit Chief

Other

If Other, please provide your job title.

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3. Operational Assignment:

*Radio Button Question Format with:*

Counterintelligence

Counterterrorism

Criminal Investigation

Cyber

Intelligence

Science and Technology

Other

If Other, please provide your operational assignment.

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4. I attended this course because:

*Radio Button Question Format with:*

1. Prerequisite for another class
2. Operational need
3. Part of OJT program
4. Interesting subject matter
5. Location
6. Other

If Other, please explain.

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5. Have you taken any of the following courses? (Check all that apply.)

* CYB 2000 Computer Intrusion Basic
* SANS SEC 301 Introduction to Information Security
* SANS SEC 401 Security Essentials – Bootcamp Style
* Digital Extraction Technician (DExT) Training
* Any other CART training
* A+ Certification
* Network+ Certification

*If needed by survey distribution method:*

6. Course Number

**7. Course location**

**8. Date training began: (MM/DD/YYYY)**

 **9. Name of Instructor(s)**