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 Houston Oklahoma City

Albuquerque Human Resources Division Omaha

Anchorage Indianapolis Operational Technology Division

Atlanta Information and Technology Branch Philadelphia
Baltimore Inspection Division Phoenix

Birmingham International Operations Division Pittsburgh
Boston Jackson Portland

Buffalo Jacksonville Records Management Division

Charlotte **Kansas City** Richmond Chicago Knoxville Sacramento Cincinnati Laboratory Division Saint Louis Las Vegas Cleveland Salt Lake City Little Rock Columbia San Antonio Counterintelligence Division Los Angeles San Diego Counterterrorism Division Louisville San Francisco Criminal Investigative Division Memphis San Juan Critical Incident Response Group Miami Seattle

Cyber Division Milwaukee Security Division
Dallas Minneapolis Springfield
Denver Mobile Tampa

Detroit New Haven Training Division
Directorate of Intelligence New Orleans Washington Field

El Paso New York City Weapons of Mass Destruction Directorate

Finance and Facilities Division Newark Honolulu Norfolk

Please type your location if not listed.

2. Job Title:

Drop Down Question Format with:

Senior Executive Service General Attorney Staff Operations Specialist

Assistant Legal Attaché Information Technology Specialist Special Agent

Assistant Special Agent in Charge Information Technology Specialist - FE Supervisory

Assistant Section Chief Intelligence Analyst Computer Scientist Legal Attaché

CyD Fellow Management and Program Analyst
Detailee to the FBI Operational Support Technician

Supervisory Intelligence Analyst Supervisory Special Agent Task Force Officer

Unit Chief Other

If Other, please provide your job title.					

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Radio Button Question Format with:
Counterintelligence
Counterterrorism
Criminal Investigation
Cyber
Intelligence
Science and Technology
Other

If Other,	please	provide	your	operation	al assig	gnment

4. I attended this course because:

Radio Button Question Format with:

- a. Prerequisite for another class
- b. Operational need
- c. Part of OJT program
- d. Interesting subject matter
- e. Location
- f. Other

If Other, please explain.

- 5. Have you taken any of the following courses? (Check all that apply.)
- O CYB 2000 Computer Intrusion Basic
- O SANS SEC 301 Introduction to Information Security
- O SANS SEC 401 Security Essentials Bootcamp Style
- O Digital Extraction Technician (DExT) Training
- O Any other CART training
- O A+ Certification
- O 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)