

**Office of Personnel Management**  
**Employee Services/Office of Diversity and Inclusion**  
**Veterans Services**

**PRESENTATION/TRAINING EVALUATION FORM**

Subject of Presentation/Training \_\_\_\_\_ Date: \_\_\_\_\_ Presenter: \_\_\_\_\_

Use the scale below to rate the overall presentation and presenters:

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

**PRESENTATION/TRAINING SESSION:**

1. The session was well organized.  
1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_
2. The subject matter presented is relevant to my career interests and/or job search.  
1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_
3. The information presented was clear and easily understood.  
1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_
4. The information presented will help in my search for employment or career advancement.  
1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_
5. Would you recommend this presentation/training to others? Yes ( ) No ( )
6. If no, why not? \_\_\_\_\_
7. What other presentations/training sessions do you believe would benefit you?  
  
\_\_\_\_\_

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8. What is your overall rating of the presentation/training session?

5 Excellent \_\_ 4 Good \_\_ 3 Satisfactory \_\_ 2 Needs Improvement \_\_ 1 Unsatisfactory \_\_

**PRESENTER:**

1. The presenter was well organized.  
1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_
2. The presenter was knowledgeable of the topic.  
1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_
3. The presenter communicated well.  
1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_
4. The presenter was effective in responding to questions.  
1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_

**Additional comments and/or recommendations: Please write on back**

## **Privacy Act Statement**

Collection of this information is authorized by Section 4702 of Title 5, United States Code.

- Your responses to this survey are voluntary and there is no penalty if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative.
- The principal purpose in collecting this information is to [insert specific purpose here] and make changes to Governmentwide policies on these [insert specific initiatives here]. There are no other routine uses for the survey results.
- In any public release of survey results, no data will be disclosed that could be used to match your responses with your identity because there will be no individual identifiers associated with the data. All email addresses will be stripped and discarded automatically when the completed survey is submitted.

## **Public Burden Statement**

We think providing this information takes an average of 5 minutes per respondent to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed survey. Send comments regarding our estimate or any other aspect of this survey, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Officer, Paperwork Reduction Project (3206-0236),