

Please give us your feedback on the [Insert Year] Examiner Preparation Course held in [Insert City, State]. We will use your feedback in planning future training. Thank you for your participation.

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1. Please choose your examiner status (national program).

- New Examiner
- Returning Examiner
- Senior Examiner
- Alumni Examiner
- Non-Examiner (Baldrige Examiner Training Experience attendee)
- Judge

2. Name of Your Staff Facilitator (for the Wednesday to Friday class only)

3. How effective was the Pework assignment in preparing you for this training?

- Very ineffective Ineffective Marginally effective Effective Very effective

Strengths? Improvement Ideas?

4. How much has your knowledge and/or skill improved as a result of this session? (do not include a Tuesday session if you attended one.).

	no improvement	little improvement	some improvement	good amount of improvement	tremendous improvement
Understanding the Baldrige Criteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining Key Factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing an award application or case study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying Strengths and Opportunities for Improvement (OFIs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing Feedback-Ready Comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining a Scoring Range and Score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. To what extent were you satisfied with the following:

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied or Satisfied	Satisfied	Very Satisfied
Training Registration Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refreshments at Breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What were one or two of the greatest strengths of this session?

7. What one or two things could be done to make this training more enjoyable or valuable?

8. Overall Satisfaction with this Examiner Preparation Session (Wed - Friday)

Very Dissatisfied Dissatisfied Neither Satisfied nor Dissatisfied Satisfied Very Satisfied

Other Comments

Thank you for your thoughtful responses. If you do not receive an email link to this evaluation, please fax to [Insert Baldrige staff member name] at 301-975-8543. Thanks!