

CAREER SERVICES CENTER - FEEDBACK

OMB Number: 0925-0648 (Expiration Date: March 2018)

Public reporting burden for this collection of information is estimated to average 3-minutes per submission. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA 0925-0648. Do not return the completed form to this address.

The NIH Office of Intramural Training & Education continually strives to improve services to trainees. We would very much appreciate your feedback on your experiences with the Career Service Center.

Trainee / Employee Type:

Institute-Center*

Which counselor / advisor did you meet with?*

How would you rate the career services you received?

- Very Helpful Helpful Neutral Relatively Unhelpful Not at All Helpful

How helpful was this session in accomplishing your immediate objective(s)?

- Very Helpful Helpful Neutral Relatively Unhelpful Not at All Helpful

How helpful did you find the resources you were referred to (websites, printed materials, handouts, other on-campus services)?

- Very Helpful Helpful Neutral Relatively Unhelpful Not at All Helpful

How likely are you to refer a friend or colleague to OITE's Career Services Center?

- Very Likely Likely Neutral Unlikely Very Unlikely

How did you hear about OITE's Career Services Center

Please check all that apply.

- OITE website
 Other
 Friend / Colleague
 Mentor / PI
 Announcement at Workshop /Event
 Flyer

If 'other', please indicate how you learned about OITE's Career Service Center in the space provided.

OPTIONAL - How might the Career Services Center improve its services so we may better meet your needs and the needs of our other trainees?

OPTIONAL - Please make any additional comments or suggestions about this session and / or this counselor.

[Submit Survey](#)

[Cancel](#)



USA.gov
Department of Health & Human Services