

The screen capture images that follow show ALL of the questions included in the survey. Questions numbered with decimals (e.g., 17.1, 19.1 and 19.1.1) are only displayed when the preceding response option is selected, triggering the display logic for the sub-question. For example, selecting the response option “Other, please specify.” triggers display of a follow-up question and open-ended response text box.

The actual survey appears as one web page; this enables the respondent to view the entire set of questions except the questions that appear only when a specific option is selected. The pagination of this document is used to accommodate the screen capture images.

CDSE



Training Application Survey

This questionnaire provides you an opportunity to provide feedback on a learning event you completed 3 or more months ago. Your feedback helps us maintain a high quality curriculum and improve our offerings. Responses are aggregated and shared with instructors and managers. Responding will take about 12 minutes or less.

Responding is voluntary and there is no penalty for not responding. No personally identifiable information is requested and responses are anonymous unless you include personally identifiable information in your comments.

If you need a personal response concerning training, please use the "Contact Us" link on the CDSE homepage at <http://www.cdse.edu/contact.html>.

Agency Disclosure Notice
OMB CONTROL NUMBER: 0704-0553
Expiration date: 5/31/2022

The public reporting burden for this collection of information, 0704-0553, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

*Required questions are denoted by an **

1: *Please indicate agreement/disagreement with the following statement about the training you completed.

I have been able to use what I learned in my recent training.

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

2: *Please select the statement that best reflects your experience related to your recent training.

- I was able to apply what I learned immediately
- I have been able to apply what I learned since taking the course
- I haven't yet applied what I learned in the course, but plan to do so in the future
- I do not expect to use the knowledge or skills I gained in the course on my current job
- Other (Please specify.)

2.1: Please specify your other experience related to your recent training.

1,000 Characters Remaining

2: *Please select the statement that best reflects your experience related to your recent training.

- I was able to apply what I learned immediately
- I have been able to apply what I learned since taking the course
- I haven't yet applied what I learned in the course, but plan to do so in the future
- I do not expect to use the knowledge or skills I gained in the course on my current job
- Other (Please specify.)

2.2: *What is the primary reason you have not yet been able, or do not expect, to use what you learned in the course in the performance of your current job?

- My job has changed
- Lack of supervisor or organizational support
- The course content was not relevant to my job
- I took the course to prepare for advancement or promotion
- I took the course for professional development/career broadening but don't use it on the job at this time
- I took the course as part of a certification program, but don't use it on the job at this time
- I took the course to prepare for a new job I have not started yet
- The nature of my work has changed and the course content is no longer relevant
- The tools/technology I use have changed and the content is no longer relevant
- Other (Please specify.)

2.2.1: Please specify your other reason for not yet using what you learned in the recent training.

1,000 Characters Remaining

3: *Did you achieve your main objective for enrolling?

Yes

No

3.1: Please specify what your main objective was for enrolling.

1,000 Characters Remaining

3: *Did you achieve your main objective for enrolling?

Yes

No

3.2: Please specify what changes could have helped you achieve your main objective for enrolling.

1,000 Characters Remaining

4: *Please indicate agreement/disagreement with the following statements about the training you completed.

The reference and student materials from the training have been useful.

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

5: *Completing this training was a worthwhile investment in my job success or career development.

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

6: *The security policies and procedures I learned in this training helped me make improvements to security practices in my organization.

- Strongly Disagree
- Disagree
- No Opinion
- Agree
- Strongly Agree

7: *What is your overall satisfaction with the security training provided by the Defense Security Service Center for Development of Security Excellence (CDSE)?

1=Very Dissatisfied

Very Satisfied=10

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8: *How likely are you to recommend this training to security professionals?

1=Very Unlikely

Very Likely=10

1 2 3 4 5 6 7 8 9 10

9: What else would you like to share with us to **help improve your** training experience?

1,000 Characters Remaining

10: How can this training be improved to **help other students apply** the knowledge and skills taught?

1,000 Characters Remaining

11: *Which best describes how long you've been working in a security-related job?

- No experience
- Fewer than 6 months
- 6 months to 3 years
- More than 3 but fewer than 6 years
- 6 years or more

Thank you for taking our survey - and for helping us serve you better. We appreciate your input!

[Submit](#)

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