**OMB No. 0925-0740**

**Expiration Date: 7/31/2022**

**Public reporting burden for this collection of information is estimated to average 5 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. 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 (0925-0642). Do not return the completed form to this address.**

*To improve future grantee workshops, please complete this assessment – it should take you no more than five minutes to complete. Please return your completed assessment to a member of the conference staff.*

~**Day 1**  **Assessment Survey ~**

**ABOUT YOU**

1. **What is your professional title (e.g., Assistant Professor)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Professor

Associate Professor

Professor

Other

1. **Other than your current R01, have you received research funding support from any of the following?** *(Check all that apply)*

NIH (training, career development, small grants, etc.)

Another federal agency

Other; please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How long ago did you complete your terminal research degree or medical**

**residency, whichever is later?**

10 years ago or less

More than 10 years ago

**OVERALL MEETING**

*(For each of the sessions indicate your level of agreement.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **Somewhat Disagree** | **Strongly Disagree** |
| 1. The meeting was well organized | O | O | O | O |
| 1. The meeting objectives were achieved | O | O | O | O |
| 1. There was sufficient time to meet with my Program Director | O | O | O | O |
| 1. Overall, the meeting met my expectations | O | O | O | O |

**Was sufficient time allotted for the session content and discussion?**

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY 1 SESSIONS** | **Sufficient Time** | **Too Little Time** | **Too Much Time** |
| 1. DCCPS Director’s Keynote Address | O | O | O |
| 1. Role of the Program Director and Grant Specialist | O | O | O |
| 1. Perspective of a New Investigator | O | O | O |
| 1. Successfully Managing your R01 | O | O | O |
| 1. Panel Discussion: Challenges in Managing your R01 Grant | O | O | O |
| 1. Networking Lunch | O | O | O |
| 1. Fellowship and Training Grants | O | O | O |
| 1. New Investigator Scientific Presentations | O | O | O |

**How useful was the session?**

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY 1 SESSIONS** | **Very Useful** | **Somewhat Useful** | **Not Very Useful** |
| 1. DCCPS Director’s Keynote Address | O | O | O |
| 1. Role of the Program Director and Grant Specialist | O | O | O |
| 1. Perspective of a New Investigator | O | O | O |
| 1. Successfully Managing your R01 | O | O | O |
| 1. Panel Discussion: Challenges in Managing your R01 Grant | O | O | O |
| 1. Networking Lunch | O | O | O |
| 1. Fellowship and Training Grants | O | O | O |
| 1. New Investigator Scientific Presentations | O | O | O |

**Please provide additional comments on the speakers/sessions:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How satisfied were you with the 2019 New Grantee Workshop Logistics?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Extremely Satisfied** | **Somewhat Satisfied** | **Somewhat Dissatisfied** | **Extremely Dissatisfied** |
| 1. Registration Process | O | O | O | O |
| 1. Meeting Materials | O | O | O | O |
| 1. Meeting Rooms | O | O | O | O |
| 1. Hotel Accommodations | O | O | O | O |

**Please provide additional comments on the meeting organization:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you could improve one thing for the next workshop, what would it be?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_