

PAPERWORK BURDEN DISCLOSURE NOTICE

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Course Title and Number	Course Date	State
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Please circle the number that most closely represents your views.

	Strongly Agree	Agree	Disagree	Strongly Disagree
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1. My professional knowledge has increased as a result of this training.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

2. The skills I learned from this course help me do my job better.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

3. I modified how I perform my duties based on what I learned in this course.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

4. My participation in this course has added value to my organization.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

5. I am given greater responsibilities as a result of this course	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

No Opportunity

6. My organization modified its policies, practices, or procedures based on what I learned in this course.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

7. I would recommend this course to others.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
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Comments:

What one change would you suggest for improvement?

If changes are made, what one thing would you most want to stay the same? _____

Please use the enclosed envelope to return this survey by _____ Thank You.