## Extramural Training Event/Activity Feedback Survey

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**Please answer the following questions to help us improve future training opportunities.**

1. Please select One answer choice that best describes your current primary position

* Program
* Scientific Director
* Program Officer/Official
* Program Analyst
* Medical Officer
* Scientific Review Officer
* Grants Management Lead
* Grants Officer
* Grants Specialist
* Health Policy Analyst
* Branch Chief
* Director of Extramural Research/Activities
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What are the three most important **thingsyou learned** during this training?

1.

2.

3.

1. What are the three **greatest strengths** of this training?

1.

2.

3.

1. What presentation styles were the most effective for you? Please select all that apply.

* Case Studies
* Role play
* Lecture
* Quiz
* Group exercise
* Other (please specify):

1. Please rate the training in terms of its impact and usefulness in the following areas, using the scale below.

|  |  |
| --- | --- |
| **1 = Not useful at all** | **5 = Very useful** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Impact Area** | **1** | **2** | **3** | **4** | **5** |
| **Useful** in your daily work | 1 | 2 | 3 | 4 | 5 |
| **Useful** for teams within your IC/OPDIV | 1 | 2 | 3 | 4 | 5 |
| Increasing your **ability** to train and mentor others | 1 | 2 | 3 | 4 | 5 |

6. Please provide one example of how your practice will change because of this training (if any).

7. Provide any additional assistance needed to be able to implement what you’ve learned at this training. (e.g., supervisory support, videos, newsletters, preceptorships, clinical consultations, classroom-based training, etc.). Please be as specific as possible.

1. If you were given the task of revising, adjusting, or redesigning this training,

what would you change?

1. Other comments: