


**CBS Classroom Training**

Thank you for attending a Commerce Business Systems (CBS) Training. We would like your feedback to better assist us with improving future training courses.


A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0031. Without this approval, we could not conduct this survey. Public reporting for this information collection is estimated to be approximately one (1) minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology, 100 Bureau Drive, Gaithersburg, MD, 20899-1630, Attn: Greg Eichelberger at greg.eichelberger@nist.gov.

OMB Control No. 0693-0031

Expiration Date 6/30/2021

**1. Please select the instructor(s) who facilitated your training session.**  0

- Dana Ni
- Morgan Glines
- Michelle Simonds
- Renee Robinson
- Other


**\* 2. Please select the training course you attended from the following list:**  0


- Analyzing CBS Downloads Using Excel Pivot Tables
- Budget Solvency Tool (BST)
- Business Objects
- CBS Portal Overview
- CBS Reports and Downloads Training
- CM004/FM066 Training
- C.Request
- E2 Solutions
- Estimated Accruals Training
- Excel's Five Fantastic Features to Use with CBS Downloads
- Grants Management Information System (GMIS)
- My Tools New User Training
- Sunflower PPMS
- Undelivered Orders (UDO) Review Application

3. Please enter the date of your training. If multiple dates, just enter the date of the first day of training.  0


Class Date:

Date


MM/DD/YYYY	
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4. Were the learning objectives clearly stated, and the course content clear, sufficient and useful in meeting those objectives?  0

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

5. Was enough time provided to understand the course content?  0


- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

6. Did the trainer(s) provide sufficient support and guidance?  0


- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree


7. Has your knowledge of the subject area improved after completing the course?  0

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

8. Would you recommend this course to others in your field?  0

- Yes
- No

9. Is there anything you could suggest to help improve this training?  0

10. What topics for future courses would you suggest to enhance your use/knowledge of the CBS financial systems?  0