t Survey Part 2: Assess your Experience	
25%	
OMB Burden Statement	
OMB NO: 0925-XXXX	
Expiration Date: XX/XX/XXXX	
Public reporting burden for this collection of information is	s estimated to average 20 minutes per response, including the time for reviewing instructions,
	e data needed, and completing and reviewing the collection of information. An agency may not
	ond to, a collection of information unless it displays a currently valid OMB control number. r aspect of this collection of information, including suggestions for reducing this burden to: NIH,
	Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this
address.	
Basic Information	
Please select the fellowship program(s) in which you participated.	Please mark all that anniv
Intramural Research Training Award (IRTA) Fellow (US Citizen:	s and remainent Residents).
Summer Intern	
Postbaccalaureate Fellow - Bachelor Level	
Postbaccalaureate Fellow - Master Level Graduate Student - Master Level	
Graduate Student - Master Level	
Graduate Student - Doctoral Level Postdoctoral Fellow	
Postdoctoral Fellow	
Visiting Fellow (on a training visa)	
Graduate Student - Doctoral Level	
Intramural Research Training Award (IRTA) Fellow (US Citize	ens and Permanent Residents):
Summer Intern	
Postbaccalaureate Fellow - Bachelor Level	
Postbaccalaureate Fellow - Master Level	
Graduate Student - Master Level	
Graduate Student - Doctoral Level	
Graduate Student - Doctoral Level Rostdoctoral Fellow	
Postdoctoral Fellow	
Postdoctoral Fellow Visiting Fellow (on a training visa)	
Postdoctoral Fellow Visiting Fellow (on a training visa) Graduate Student - Doctoral Level	
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Postdoctoral Fellow Visiting Fellow (on a training visa) Graduate Student - Doctoral Level Predoctoral Fellow	
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Postdoctoral Fellow Visiting Fellow (on a training visa) Graduate Student - Doctoral Level Predoctoral Fellow Postdoctoral Fellow Federal Employee (FTE)	
Postdoctoral Fellow Visiting Fellow (on a training visa) Graduate Student - Doctoral Level Predoctoral Fellow Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow	
Postdoctoral Fellow Visiting Fellow (on a training visa) Graduate Student - Doctoral Level Predoctoral Fellow Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow	
Postdoctoral Fellow Visiting Fellow (on a training visa) Graduate Student - Doctoral Level Predoctoral Fellow Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable	
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Postdoctoral Fellow Visiting Fellow (on a training visa) Graduate Student - Doctoral Level Predoctoral Fellow Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow ORISE Fellow Dther (please specify) Please select the most recent position you held at NEI:	
Postdoctoral Fellow Visiting Fellow (on a training visa) Graduate Student - Doctoral Level Predoctoral Fellow Postdoctoral Fellow Federal Employee (FTE) Research Fellow/ Clinical Fellow ORISE Fellow Not Applicable Other (please specify) Please select the most recent position you held at NEI:Select Please select your highest education level:	Next

Exit Survey Part 2: Assess your Experience

50%

OMB Burden Statement OMB NO: 0925-XXXX Expiration Date: XX/XX/XXXX

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Future Plans

Please select the reason(s) for your departure:

_				
	Taking	professional	scientific	nosition
	Taking	professional	scientific	posicion

Going to school/doing additional training

- Voluntary resignation related to my research
- Voluntary resignation related to personal reasons
- Involuntary separation
- Changing career
- Other (please specify)

Are you pursuing additional education/training?

O Master Degree			
Changing career			
Other (please specify)			
Are you pursuing additional education/t	raining?		
O Master Degree			
O Doctoral Degree			
O Medical Degree			
O Clinical Training			
O Not Applicable			
O Other (please specify)			
If you have taken a new job, at what typ	e of organization will you be working?		
Academia			
Government			
Industry/For-Profit			
Not-for-profit			
Not Applicable			
Other Sector(please specify)			
What duties will your job include? Please	e mark all that apply:		
Administrative	Clinical	Communications	
	Intellectual Property	Project Management	
Policy	Research	Teaching	
Not Applicable	Other (please specify)		
rev			Ne
	Accessibility Disclaimer FOIA Privacy	v & Security	
U.S. D	epartment of Health and Human Services National Institutes of		

Exit Survey Part 2: Assess your Experience

OMB Burden Statement OMB NO: 0925-XXXX Expiration Date: XX/XX/XXXX

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75%

Mentoring Relationship

How well did your mentor do the following within your Laboratory/Branch/Office?	Excellent	Good	Fair	Poor	Don't Know
COMMUNICATE EFFECTIVELY					
Communicated openly, frequently, and respectfully with you.	0	0	0	0	0
Provided consistent, timely, and honest feedback.	0	0	0	0	0
Encouraged open discussion about ideas.	0	0	0	0	0
listened carefully and discussed concerns.	0	0	0	0	0
Commont					

Comment:

OSTER A SUPPORTIVE ENVIRONMENT					
Maintained a relationship based on trust and mutual respect.	0	0	0	0	0
Provided a workplace free from harassment.	0	0	0	0	0
Familiarized you with standard operating procedures and assisted you to navigate your organization.	0	0	0	0	0
Understood your unique situation and mentored you accordingly.	0	0	0	0	0
Set clear expectations.	0	0	0	0	0
Connected you with the colleagues and resources needed to do your work.	0	0	0	0	0
Supported your success and helped you achieve your career goals.	0	0	0	0	0
Reviewed your work thoughtfully and carefully.	0	0	0	0	0
Comment:					
PROMOTE YOUR PROFESSSIONAL DEVELOPMENT					
Reviewed your progress regularly and discussed any problems you encounter.	0	0	0	0	0
Supported your attendance at training events to help you with your work and career goals.	0	0	0	0	0
dentified and encouraged networking opportunities.	0	0	0	0	0
Comment:					

Comment: Do you have any additional comments about your mentoring relationship? When I received PROJECT-based feedback from my mentor: The frequency of the feedback wa: Do Infrequent: Dust right: Too Infrequent: Dist right: Too Infrequent: Dist right: Too Infrequent: Good: Fair: Poor We Poor Infrequent: The quality of the feedback was: O Distributional comments about your mentoring relationship? Do unifrequent: Dust right: O too frequent: Distributional comments about your mentoring relationship? Distributional comments about your mentor: The frequency of the feedback was: O too frequent: Distributional comments: The frequency of the feedback was: O too frequent: Distriftequent: D coo frequent:) ()	0	0	0	0	Identified and encouraged networking opportunities.
When I received PROJECT-based feedback from my mentor: The frequency of the feedback was:						Comment:
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Exit Survey Part 2: Assess your Experience

100%

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Overall Experience

How satisfied were you with your training experience at NEI?

O Very satisfied O Somewhat satisfied O Somewhat dissatisfied O Very dissatisfied Comment:

To what extent do you agree or disagree with the following statements about your experience at the NEI?	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
In general, I liked the people with whom I worked most closely.	0	0	0	0
I felt the work I did was important.	0	0	0	0

	0	\cup	0	0
l obtained the training required to do my job.	0	0	0	0
I received opportunities to expand my skills in my position.	0	0	0	0
I received training that prepared me for my next position or future career.	0	0	0	0

Comment:

What were the most beneficial aspects of your training experience?

What were the most challenging aspects of your training experience?

Is there anything not mentioned above that could have been done to improve your training, professional development and overall experience?

Would you recommend training at NEI to a friend or colleague?

O Definitely yes O Probably yes O Maybe O Probably not O Definitely not

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