## 2. Satellite Classroom Post Class Survey REQUIRED OMB INFORMATION: Indian Health Service (IHS) FY Satellite Classroom Post Class Survey Form Approved OMB Form No. 0917-0036 **Expiration Date:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer. OIT values your input on the course you have just completed. Comments included on this post class survey will be used to help improve the effectiveness of OIT's training program. \*1. How did you hear about this OIT sponsored RPMS course? ☐ Web Site Other (please specify) \*2. Was the registration process easy? Yes No If you answered no, please identify ways to make the registration process easier. \*3. Please rate the facility components below. Strongly Disagree Disagree Somewhat Agree Agree Strongly Agree N/A 0 The presentation 0 0 0 equipment/computers functioned properly. 0 0 0 0 0 0 The room was a comfortable learning environment. Local IT support was responsive to class needs. 0 0 0 0 0 Electronic materials were available on the training

computers.

fst 4. Is there anything that would imp	rove this t	raining ce	nter?		
○ No					
○ Yes					
If yes, please note how this training center may be improve	ed:				
f x5. Please rate the presentation mat	erials.				
•	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
Access to the materials was issued prior to the session.	0	0	0	0	0
Direction regarding printed materials was provided prior to the session.	0	0	O	0	0
I liked being able to choose which materials to print.	0	0	0	0	0
Comments (please specify)					
f *6. Please rate the presentation me	thods.				
•	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agre
Objectives were clearly stated at the beginning of the session.	0	0	O	0	0
Training was paced appropriately.	0	0	0	0	0
Sufficient practice time was provided.	0	0	0	0	0
The hands-on exercises enhanced the learning experience.	0	O	O	0	0
The hands-on exercises were useful in reinforcing the course objectives.	O	O	O	О	O
*7. Please rate the instructor.					
	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
Arrived prepared and organized.	0	0	0	0	0
Explained objectives clearly at the start of the training.	$\circ$	0	O	$\circ$	0
Demonstrated knowledge of the subject material.	0	0	0	0	0
Provided useful feedback on performance throughout the session.	O	O	O	O	0
Provided clear instructions.	0	0	0	0	0
	0	0	0	0	0
Addressed participant questions.					

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
Arrived prepared and organized.	0	0	0	0	0
Provided clear instructions.	0	0	0	0	0
Addressed participant questions.	0	0	O	0	0
Quickly addressed technical issues contacting local IT support if necessary.	O	0	O	0	O
actively participated in the training session.	0	0	O	0	0
Remained in the training room the duration of the ession.	O	0	O	0	0
	<b>*</b>				
<sup>k</sup> 10. What part of this training did y	ou find leas	st useful?			
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