

**REQUIRED OMB INFORMATION:**

**Indian Health Service (IHS) eLearning and eLearning/Hands-on Post Training Survey**

**Form Approved**

**OMB Form No.**

**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.**

Registration Process

**OIT values your input on the course you have just completed. All comments included on this post course survey are anonymous and will be used to improve the effectiveness of OIT's training program.**

**Please note: Questions with an asterisk (\*) require a response.**

\* 1. How did you hear about this OIT sponsored RPMS training?

\* 2. What is your Area affiliation?

\* 3. Please rate the following registration and technical components:

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
The registration process on the OIT training website was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training link and dial-in information was provided in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructions to access the training were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please provide any additional comments related to your registration experience below.

## eLearning and eLearning/Hands-on Post Training Survey

### Presentation Methods

\* 4. Please rate the following presentation methods:

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
The course objectives were clearly presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am now able to accomplish the course objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The relevant activities, quizzes, and/or polls reinforced the objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The course was paced appropriately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this course to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please provide any additional comments related to the presentation methods below.

## eLearning and eLearning/Hands-on Post Training Survey

### Instructor Evaluation

\* 5. Please rate the instructor:

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
The instructor was prepared and organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor demonstrated expertise in course material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor communicated in a way that was easy to follow and understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor provided useful feedback and answered questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please provide any additional comments related to the instructor below.

## eLearning and eLearning/Hands-on Post Training Survey

### Summary

**The following short answer questions are an opportunity to provide any additional feedback that you think will help improve future courses. If you do not have any additional feedback, please scroll to the bottom, and click “Done” to submit your survey.**

6. Optional: Which part of the course did you find most useful?

7. Optional: Which part of the course did you find least useful?

8. Optional: Please make any additional comments not previously addressed below.