7. Satellite Classroom Post Class Survey with Areas	
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 0917-003. 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 use to help improve the effectiveness of OIT's training program.	d
*1. How did you hear about this OIT sponsored RPMS course?	
☐ Web Site	
Other (please specify)	
*2. Was the registration process easy?	
C Yes	
O No	
If you answered no, please identify ways to make the registration process easier.	

C Aberdeen						
C Alaska						
Albuquerque						
Bemidji						
Billings						
California						
Headquarters						
Nashville						
Navajo						
ОІТ						
Oklahoma						
Phoenix						
Portland						
4. Please rate t	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	N/A
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## 7. Satellite Classroom Post Class Survey with Areas \*6. Please rate the presentation materials. Strongly Disagree Somewhat Agree Strongly Agree Agree Disagree 0 0 0 0 0 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 I liked being able to choose which materials to print. Comments (please specify) \*7. Please rate the presentation methods. Strongly Disagree Somewhat Agree Strongly Agree Agree Disagree 0 0 Objectives were clearly stated at the beginning of the session. 0 0 0 0 Training was paced appropriately. 0 Sufficient practice time was provided. The hands-on exercises enhanced the learning 0 0 0 0 experience. 0 0 The hands-on exercises were useful in reinforcing the course objectives. \*8. Please rate the instructor. Strongly Disagree Somewhat Agree Agree Strongly Agree Disagree 0 0 0 0 0 Arrived prepared and organized. 0 0 Explained objectives clearly at the start of the training. 0 Demonstrated knowledge of the subject material. 0 0 0 0 0 Provided useful feedback on performance throughout the session. 0 Provided clear instructions. 0 0 0 0 Addressed participant questions. 0 0 Made the course interesting.

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
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rovided clear instructions.	$\circ$	O	0	0	$\circ$
ddressed participant questions.	0	0	0	0	0
Quickly addressed technical issues contacting local IT upport if necessary.	O	0	O	O	O
ctively participated in the training session.	0	O	0	0	0
temained in the training room the duration of the ession.	O	O	O	O	O
10. What part of the training did y	ou find mos	st useful?			
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11. What part of this training did y	ou find loo	ct ucoful?			
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