Classroom and Satellite Classroom Post Training Survey

REQUIRED OMB INFORMATION:

Indian Health Service (IHS) Classroom and Satellite Classroom 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.

Classroom and Satellite Classroom Post Training Survey

Registration and Facilities

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 marked with an asterisk (*) are required.

* 1. How did you hear about this C	OIT sponsored RPMS training?
\$	
* 2. What is your Area affiliation?	
\$	

* 3. Please rate the following registration component:						
		Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
The registration process on the OIT training website was easy.						
Optional: Please provide any additional comments related to your registra	ation exp	erience be	elow.			
* 4. Please rate the facilities in the following areas:	Strong	ly ee Disagro	Somew		Strongly	Not Applicable
The computers were set up ahead of time.	Disagre	ee Disagii	ee Agre	e Agree	Agree	Applicable
The technology used during the course functioned properly.						
Local IT support was responsive when addressing any issues.	0	0	0			0
Optional: Please provide any additional comments related to the facilities	below.					
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Presentation Methods						
* 5. Please rate the following presentation methods:		Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
The course objectives were clearly presented.						
I am now able to accomplish the course objectives.						
The relevant activities, quizzes, and/or polls reinforced the objectives.						
The course materials were provided ahead of time.		\bigcirc	\bigcirc			\bigcirc
The provided course materials were helpful.						
The course was paced appropriately.			\bigcirc			\bigcirc
I would recommend this course to other users.						
Optional: Please provide any additional comments related to the presenta	ation met	hods belo	N.			

Classroom and Satellite Classroom Post Training Survey

Instructor Evaluation

* 6. Please rate the instructor:					
	Stron Disag	gly ree Disagr	Somewh ee Agree	at Agree	Strongly Agree
The instructor was prepared and organized.	0				
The instructor demonstrated expertise in course material.					
The instructor communicated in a way that was easy to follow and under	stand.				
The instructor provided useful feedback and answered questions.		\bigcirc			
Optional: Please provide any additional comments related to the instructor	below.				
* 7. Was the instructor present in your classroom?					
Yes					
○ No					
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	-				
	_		_		_
Proctor Evaluation					
Proctor Evaluation					
* 8. Please rate the proctor for your satellite classroom:					
	Strongly Disagree Dis		newhat aree Agre	Strongly ee Agree	
	Strongly Disagree Dis		newhat gree Agre	0,	Not Applicable
* 8. Please rate the proctor for your satellite classroom:				0,	
* 8. Please rate the proctor for your satellite classroom: The proctor was prepared and organized.				0,	
* 8. Please rate the proctor for your satellite classroom: The proctor was prepared and organized. The proctor contacted local IT support as appropriate.				0,	
* 8. Please rate the proctor for your satellite classroom: The proctor was prepared and organized. The proctor contacted local IT support as appropriate. The proctor communicated with the instructor when necessary.	Disagree Dis			0,	
* 8. Please rate the proctor for your satellite classroom: The proctor was prepared and organized. The proctor contacted local IT support as appropriate. The proctor communicated with the instructor when necessary. The proctor remained in the classroom for the duration of the course.	Disagree Dis			0,	
* 8. Please rate the proctor for your satellite classroom: The proctor was prepared and organized. The proctor contacted local IT support as appropriate. The proctor communicated with the instructor when necessary. The proctor remained in the classroom for the duration of the course.	Disagree Dis			0,	
* 8. Please rate the proctor for your satellite classroom: The proctor was prepared and organized. The proctor contacted local IT support as appropriate. The proctor communicated with the instructor when necessary. The proctor remained in the classroom for the duration of the course.	Disagree Dis			0,	

bottom, and click "Done" to submit your survey.
9. Optional: Which part of the course did you find most useful?
10. Optional: Which part of this course did you find least useful?
11. Optional: Please make any additional comments not previously addressed below.

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