

## FDA Office of Training, Education & Development (OTED) Post-Course Learning Evaluation

**Paperwork Reduction Act Statement:** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0910-0360. The time required to complete this information collection is estimated to average 5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

The survey we are conducting is on behalf of the U.S. Food and Drug Administration.

Your participation/nonparticipation is completely voluntary, and your responses will not have an effect on your eligibility for receipt of any FDA services.

**Privacy Act Statement:** This is an FDA survey. FDA is using Survey Monkey to assist with the survey process. Survey Monkey is not a government website or application. HHS and FDA privacy policies do not apply to Survey Monkey. Furnishing the requested information is voluntary. Unless required by law, FDA will not share collected information. Additional information regarding FDA's use of information is available online: [FDA Privacy Program page](#); [FDA privacy/website policies](#).

**Instructions: Please read each statement carefully and answer using the response options provided.**

#	Item	1-I have no confidence	2-I have a low level of confidence	3-I am confident I can do it with assistance	4-I am confident I can do it on my own	5-I am confident I can do it and help others
1	How confident are you in your ability to perform or apply what you learned in this course on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
2	I have been able to apply the knowledge or skills gained from this course in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	After three (3) months, I can perform tasks based on knowledge gained from this course that I had not previously been able to perform.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	The knowledge and/or skills gained from this course have become a regular part of my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I refer to the materials (handouts, guides, notes, etc.) from this course in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	I have changed the way I perform tasks in my job because of this course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I have introduced concepts learned in this course to other people in my organization or commodity area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I was interested in attending this course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I was motivated to learn the material in this course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	It is clear why it was important for me to attend this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<b>Yes (skip to 13)</b>	<b>No (continue to 12)</b>			
11	Did you experience any barriers in applying what you learned on the job?	<input type="radio"/>	<input type="radio"/>			

12	Which of the following barriers did you experience? (Select all that apply)	Select if Yes
	Did not have the opportunity to apply the skills learned in the course	<input type="radio"/>
	Did not gain the necessary knowledge and skills	<input type="radio"/>
	Lack of confidence in applying what was learned	<input type="radio"/>
	Did not think what I learned would work	<input type="radio"/>
	Unclear what is expected of me	<input type="radio"/>
	Have other, higher priorities	<input type="radio"/>
	Did not have the necessary resources	<input type="radio"/>
	Lack of supervisory support	<input type="radio"/>
	No system of accountability to ensure learning is applied	<input type="radio"/>
<b>Comments: Note when submitting comments, you must take care not to submit unnecessary and/or sensitive information such as names, Social Security Numbers (SSNs), medical records numbers, and other personal identifiers.</b>		
13	Which part(s) of this course you think were MOST valuable in applying what you learned on the job?	
14	Which parts of this course do you think were LEAST valuable in applying what you learned on the job?	
15	Looking back on the training, what content do you wish had been covered that was not?	
<b>Demographics: The following question is OPTIONAL. Responses are confidential and data will only be used to look at aggregate differences among groups. Responses are NOT associated with any personally identifying information.</b>		
Demo	<b>Which best describes your position?</b> <input type="radio"/> Analyst <input type="radio"/> Compliance Officer <input type="radio"/> Investigator <input type="radio"/> Supervisor/ Manager <input type="radio"/> Other <input type="radio"/> Prefer not to answer	