

FDA Office of Training, Education & Development (OTED)

Post-Course Satisfaction Evaluation

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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.

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.

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Post-Course Evaluation

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

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	I would recommend this course to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I am confident in my ability to perform the tasks or skills I learned during this course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	The information in this course is relevant to my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Within the next three months, I expect to be able to use what I learned from this course in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Instructors possessed a solid understanding of the course materials and subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Instructors communicated in a way that helped me learn the subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	The course materials (e.g., handouts, slides, student guides, job aids) helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	The course activities (e.g., demos, breakout groups, exercises, work simulations) helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	This course had the right level of interaction and involvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	I am satisfied with the format (e.g., face-to-face, virtual) in which this course was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	I felt the pace of the course was just right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 a	If you selected Strongly Disagree or Disagree, how did you feel the course moved: (1=Too Slowly, 2=Too Quickly)	<i>Too Slowly</i>	<i>Too Quickly</i>			
#	Item	None	Basic	Intermediate	Advanced	Expert
12	Rate your knowledge/skill level in the subject matter BEFORE this course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Rate your knowledge/skill level in the subject matter AFTER this course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Please provide any additional comments about your reaction to the course (e.g., the course in general, instructors, presenters, materials, activities, or format for course delivery) that could help OTED improve the course for future learners. 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.					

Demographics

The following questions are OPTIONAL. Data will only be used to look at aggregate differences among groups. Responses are NOT associated with any personally identifying information.

15. In which office do you currently work?

- FDA ORA
 - OACRA
 - OCPM
 - OCI
 - OEIO
 - OHAFO Immediate Office
 - OHAFO East
 - OHAFO West
 - OHAFO OSCP
 - OM
 - OMPTO Immediate Office
 - OMPTO OBPO
 - OMPTO OBIMO
 - OMPTO OMDRHO
 - OMPTO OPQO
 - OMPTO Tobacco Operations Staff
 - OPOP
 - ORS
 - OTED
- FDA Center
 - CBER
 - CDER
 - CDRH
 - CFSAN
 - CTP
 - CVM
 - NCTR
 - OC
- FDA Other (Headquarters, etc.)
- Federal (Other Agency, Military Branch)
- State
- Local
- Tribal
- Territorial
 - State, Local, Tribal, Territorial students, please specify your commodity area (such as Grade "A" Dairy/Milk, Retail Food, Shellfish, etc.
- Industry
- Academia
- Private Sector (e.g., Consumer Group)
- Other (please specify)

- Prefer not to answer

16. Which best describes your position?

- Analyst
- Compliance Officer
- Investigator
- Other (please specify)
- Prefer not to answer

17. What is your supervisory status?

- Supervisor
- Non-supervisor
- Prefer not to answer

18. How many years have you worked in your current commodity area?

- Less than 1 year
- 1 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- More than 20 years
- Prefer not to answer

19. What is your highest level of education?

- High School / GED
- Some College
- Community College / AA Degree
- Bachelor's Degree
- Graduate Degree
- Doctorate or Professional Degree
- Technical/Vocational School
- Prefer not to answer

20. What is your gender identity?

- Male
- Female
- Prefer not to answer

21. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or Greater

Prefer not to answer

22. Is your ethnicity Hispanic/Latino?

Yes

No

Prefer not to answer

23. Which of the following best describes you? (select one or more)

White

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

Prefer not to answer