## Extramural Training Event Feedback Survey

OMB Control Number: 0925-0648 Expiration Date: 06/30/2024

Public reporting burden for this collection of information is estimated to average

1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

## Extramural Training Event/Activity Feedback Survey

**Please answer the following questions to help us improve future training opportunities.**

1. Please select One answer choice that best describes your current primary position

* Program Director
* Program Officer/Official
* Scientific Director
* Program Analyst
* Medical Officer
* Scientific Review Officer
* Grants Officer
* Grants Specialist
* Grants Management Lead
* Health Policy Analyst
* Branch Chief
* Director of Extramural Research/Activities
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Did you find this training timely and engaging for your work?

 Yes or No

3. Please rate the training in terms of its impact and usefulness in the following areas, using the scale below.

|  |  |
| --- | --- |
| **1 = Not useful at all** | **5 = Very useful** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Impact Area** | **1** | **2** | **3** | **4** | **5** |
| **Useful** in your daily work | 1 | 2 | 3 | 4 | 5  |
| Materials **Current, Clear, Structured,** and **Useful** | 1 | 2 | 3 | 4 | 5 |
| **Relevant** and **Engaging** | 1 | 3 | 3 | 3  | 5 |
| **Useful** for career development/advancement | 1 | 2 | 3 | 4 | 5 |
| **Useful** for teams within your IC/OPDIV | 1 | 2 | 3 | 4 | 5 |

4. What are the two most important **thingsyou learned** during this training?

1.

2.

5. Please share any additional feedback.