

## Extramural Training Event Feedback Survey

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### 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**
- IProgram Officer/Official
- **Scientific Director**
- I Program Analyst
- I Medical Officer
- **I** Scientific Review Officer
- **Grants Officer**
- **Grants Specialist**
- **Grants Management Lead**
- I 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 things you learned during this training?

2.

5. Please share any additional feedback.

<sup>1.</sup>