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FDA Office of Training, Education & Development (OTED)

Self-Paced Course 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 [PRAStaff@fda.hhs.gov](mailto:PRAStaff@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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Self-Paced Course Evaluation

***Instructions: Please indicate your level of agreement with the following items.***

| **Item** | | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Do Not Know/Not Applicable** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | I would recommend this course to others. | o | o | o | o | o | o |
| 2 | I am satisfied with the format (e.g., self-paced online) in which this course was taught. | o | o | o | o | o | o |
| 2a | If you answered “Disagree” or “Strongly Disagree” to the previous question, please explain why. | **Open ended response** | | | | | |
| 3 | I am confident in my ability to apply what I learned from this course. | o | o | o | o | o | o |
| 4 | Within the next three months, I expect to be able to use what I learned from this course on the job. | o | o | o | o | o | o |
| 5 | The information in this course is relevant to my work. | o | o | o | o | o | o |
| 6 | This course will help me do my job. | o | o | o | o | o | o |
| 7 | The course layout was presented in a logical order. | o | o | o | o | o | o |
| 8 | The course activities (e.g., exercises, simulations, examples, graphics, knowledge checks) helped me learn. | o | o | o | o | o | o |
| 9 | The course materials were up-to-date and free from errors. | o | o | o | o | o | o |
| 10 | This course was easy to navigate (e.g., move forward, backward, save, exit, resume, etc.). | o | o | o | o | o | o |
| 11 | This course had the right level of interaction. | o | o | o | o | o | o |
| 12 | This course was easy to find in the learning management system. | o | o | o | o | o | o |
| 13 | I had the prerequisite knowledge and skills needed to take this course. | o | o | o | o | o | o |
| 14 | I know where to go for any additional questions I may have on this course’s content. | o | o | o | o | o | o |
| 15 | Rate your knowledge/skill in the subject matter BEFORE this course. | None | Basic | Inter-mediate | Advanced | Expert |  |
| 16 | Rate your knowledge/skill in the subject matter AFTER this course. | None | Basic | Inter-mediate | Advanced | Expert |  |

|  |  |
| --- | --- |
|  | |
| 17 | Please provide any additional comments about your reaction to the course (e.g., the course in general, content, activities, technological issues, or format for course delivery) that could help OTED improve its training. If you would like to explain any of your responses above, please do so here.  *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.***

1. **Which best describes your position?**

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

1. **What is your supervisory status?**

* Supervisor
* Non-supervisor
* Prefer not to answer

1. **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

1. **How many years have you worked in government (Federal and/or State)?**

* Less than 1 year
* 1 – 5 years
* 6 – 10 years
* 11 – 15 years
* 16 – 20 years
* More than 20 years
* Not applicable
* Prefer not to answer

1. **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

1. **What is your gender identity?**

* Male
* Female
* Prefer not to answer

1. **What is your age?**

* 18-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65 or Greater
* Prefer not to answer

1. **Is your ethnicity Hispanic/Latino?**

* Yes
* No
* Prefer not to answer

**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