

**Paperwork Reduction Act Burden:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This collection of information is optional and will assist HUD to improve the quality, relevance, and delivery of technical assistance and training resources. The total time required to complete this survey is estimated to average 12 minutes, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Housing and Urban Development, Technical Assistance Division, 451 7th Street SW, Room 7218, Washington, D.C. 20410.

**Privacy Act Statement:** The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on this form. Accordingly, pursuant to the requirements of the Act, please be advised:

**Authorization:** This collection of information is authorized under Sec. 501 of Title V of the Housing and Urban Development Act of 1970, Public Law 91-609.

**Purpose:** This collection of information is necessary to systematically gather user feedback and outcomes data to evaluate and improve HUD's deployment and management of its technical assistance and training resources.

**Uses:** Any information collected may be seen and used by HUD staff and TA providers to help improve HUD's delivery of technical assistance. Survey results provided to HUD staff and TA providers will not attach a respondent's name and email address to the respondent's individual survey responses.

**Disclosure:** *Voluntary.* This information collection is entirely voluntary. Any information collected in this information collection may be shared with HUD staff, TA providers, stakeholders, Congress, and the public. Other than professional or business contact information, please do NOT include any personally-identifiable information in your survey response.

# HUD TRAINING SURVEY: **ONLINE** **TRAININGS**

Email Address:

Name:

Organization:

Title:

How many years have you worked in the field for which this training was designed?

For Office of Native American Programs (ONAP) trainings only: What type of organization do you represent: Tribe, TDHE, ONAP staff, Other, or Not an ONAP Training?

## **SURVEY QUESTION 1: GENERAL SATISFACTION**

Overall, how satisfied were you with the training?

- ☐ Very Dissatisfied
- ☐ Somewhat Dissatisfied
- ☐ Somewhat Satisfied
- ☐ Very Satisfied

## **SURVEY QUESTION 2: SATISFACTION WITH TRAINING ELEMENTS**

To what extent were you satisfied with:

| Training Element                    | Very Dissatisfied        | Somewhat Dissatisfied    | Somewhat Satisfied       | Very Satisfied           |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Relevance of the Course to your Job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Course Materials and Exercises      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization of the Course          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Instructor(s)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Length of the Course                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **SURVEY QUESTION 3: SATISFACTION WITH PRESENTATION OF MATERIAL**

The information in this training was presented effectively and was easy to follow.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

**SURVEY QUESTION 4: UTILITY OF TRAINING**

I am likely to apply the skills and knowledge I learned from this course in my role within my organization.

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

**SURVEY QUESTION 5: PRE/POST KNOWLEDGE ASSESSMENT**

This course's Learning Objectives were:

- Learning Objective #1
- Learning Objective #2
- Learning Objective #3
- Learning Objective #4
- Learning Objective #5

For each of the learning objectives, indicate the extent to which you understood the material BEFORE and AFTER the training:

**PRE-ASSESSMENT:**

| Learning Objectives   | BEFORE the Training                                        |                                                              |                                                                |                                                              |
|-----------------------|------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|
|                       | No Understanding of the Material related to this objective | Some Understanding of the Material related to this objective | Strong Understanding of the Material related to this objective | Full Understanding of the Material related to this objective |
| Learning Objective #1 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |
| Learning Objective #2 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |
| Learning Objective #3 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |
| Learning Objective #4 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |
| Learning Objective #5 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |

**POST-ASSESSMENT:**

| Learning Objectives   | AFTER the Training                                         |                                                              |                                                                |                                                              |
|-----------------------|------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|
|                       | No Understanding of the Material related to this objective | Some Understanding of the Material related to this objective | Strong Understanding of the Material related to this objective | Full Understanding of the Material related to this objective |
| Learning Objective #1 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |
| Learning Objective #2 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |
| Learning Objective #3 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |
| Learning Objective #4 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |
| Learning Objective #5 | <input type="checkbox"/>                                   | <input type="checkbox"/>                                     | <input type="checkbox"/>                                       | <input type="checkbox"/>                                     |

**SURVEY QUESTION 6: ADDITIONAL FEEDBACK - TRAINING ELEMENTS**

Please provide any additional feedback on how this training could be improved:

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**SURVEY QUESTION 7: OTHER TRAININGS**

Please identify other training topics that would be most beneficial to you:

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