

## SCREENSHOTS FOR GENERIC TRAINING SALESFORCE SURVEY

(November 2022)

This is a generic survey that is designed to take you through **3 different survey paths** depending on the offices training classes that were offered to the respondents.

### Personal Property Management Survey Path Questions



Thank you for participating in one of GSA's **Personal Property Management** training classes. We would appreciate your feedback about your experience in order to better serve you in the future! It will take approximately 3 minutes to complete this survey.

[Next Page](#)



Please select which training session you participated in. (Response required)

- Reporting Excess Personal Property
- Acquiring Excess Personal Property
- Computers for Learning
- Personal Property Disposal Overview
- Plain Language for Property Disposal
- Exchange/Sale Authority
- Abandonment & Destruction
- Sales of Surplus Personal Property
- Agency Moves (Relocation Training)
- Agency Reimbursement

- Processing Hazardous Material
  - Disposal of Specialized Categories of Property
  - Other
- 

Please provide additional details related to the training class you attended.  
(Complete the date field)

Date	<input type="text"/>
Time (Optional)	<input type="text"/>
Presenter (Optional)	<input type="text"/>

[Previous Page](#)

[Next Page](#)





[Previous Page](#)

[Next Page](#)

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy](#)



What organization do you work for? (Response required)

  
Government  
Industry

[Previous Page](#)

[Next Page](#)

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy](#)

If the respondent selects **“Government”** from the above question, the below will appear for them to select from the agency and component drop down list.



Please select the agency where you work.

Agency

Component

[Previous Page](#)

[Next Page](#)

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy](#)

In the drop-down list, if the respondent selects **“Other, Other>Other, Local Government, Local Government>Local Government, State Government, State Government>Other, Tribal Government, Tribal Government>Tribal Government”**, the below question will appear.



Please specify the agency you work for.

[Previous Page](#)

[Next Page](#)

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy](#)

If the respondent selects "**Industry**", the below question will appear.





Please specify the company you work for.

[Previous Page](#)

[Next Page](#)



Please suggest up to 3 topics you would like to see covered in future training classes.

Topic 1

Topic 2

Topic 3

---

Would you like a GSA representative to contact you to discuss the feedback you provided in this survey?

Yes

No

If the respondent selects "**yes**" to above question, the below question will appear. If the respondent selects "**no**", it takes them to the end of the survey and the "Thank you for participating screen will appear".



Please enter your contact information below and we will follow up with you.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Telephone Number	<input type="text"/>

[Previous Page](#)

[Next Page](#)



Thank you for participating in our training survey! We value your feedback.  
Please click the "Submit" button to complete the survey.

Submit

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy.](#)

**[Professional Service Human Capital Survey Path Questions](#)**



Thank you for participating in one of GSA's **Professional Services and Human Capital** training classes. We would appreciate your feedback about your experience in order to better serve you in the future! It will take approximately 3 minutes to complete this survey.

[Next Page](#)

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy.](#)



What was the primary reason to attend today's session?

- Specific need for an upcoming requirement
- General knowledge
- Continuous Learning Points (CLPs)
- Other

[Previous Page](#)

[Next Page](#)

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy.](#)







What organization do you work for? (Response required)

  
Government  
Industry

Previous Page

Next Page

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy.](#)

If the respondent selects **“Government”** from the above question, the below question will appear for them to select from an agency and component drop down list.



Please select the agency where you work.

Agency

Component

Previous Page

Next Page

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy.](#)

In the drop-down list, if the respondent selects **“Other, Other>Other, Local Government, Local Government>Local Government, State Government, State Government>Other, Tribal Government,**



Tribal Government>Tribal Government”, the below question will appear.



Please specify the agency you work for.

[Previous Page](#)

[Next Page](#)

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy](#)

If the respondent selects “**Industry**”, the below question will appear.



Please specify the company you work for.

[Previous Page](#)

[Next Page](#)



Please suggest up to 3 topics you would like to see covered in future training classes.

Topic 1

Topic 2

Topic 3

---

Would you like a GSA representative to contact you to discuss the feedback you provided in this survey?

Yes

No

If the respondent selects "**yes**", the below question will appear. If the respondent selects "**no**", It takes them to the end of the survey and the "Thank you for participating" screen will appear.



Please enter your contact information below and we will follow up with you.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Telephone Number	<input type="text"/>

[Previous Page](#)

[Next Page](#)



Thank you for participating in our training survey! We value your feedback.  
Please click the "Submit" button to complete the survey.

Submit

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy.](#)

## Information Technology Category Survey Path Questions



Thank you for participating in one of GSA's **Information Technology Category** training classes. We would appreciate your feedback about your experience in order to better serve you in the future! It will take approximately 3 minutes to complete this survey.

[Next Page](#)



Please list the name of the training session you participated in. (Response required)

Please provide additional details related to the training class you attended.

Date (Optional)

Time (Optional)

Presenter (Optional)









What organization do you work for? (Response required)

  

Previous Page

Next Page

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy](#)

If the respondent selects **“Government”** from the above question, the below question will appear for them to select from an agency and component drop down list.



Please select the agency where you work.

Agency

Component

Previous Page

Next Page

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy](#)

In the drop-down list, if the respondent selects **“Other, Other>Other, Local Government, Local**

Government>Local Government, State Government, State Government>Other, Tribal Government, Tribal Government>Tribal Government”, the below question will appear.



Please specify the agency you work for.

[Previous Page](#)

[Next Page](#)

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy.](#)

If the respondent selects “**Industry**”, the below question will appear.



Please specify the company you work for.

[Previous Page](#)

[Next Page](#)

Please suggest up to 3 topics you would like to see covered in future training classes.

Topic 1

Topic 2

Topic 3

---

Would you like a GSA representative to contact you to discuss the feedback you provided in this survey?

Yes

No

[Previous Page](#)

[Next Page](#)

If the respondent selects “**yes**”, the below question will appear. If the respondent selects “**no**”, it takes them to the follow-on question.



Please enter your contact information below and we will follow up with you.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Telephone Number	<input type="text"/>

[Previous Page](#)

[Next Page](#)



Would you like to learn more about upcoming GSA training?

- Yes
- No

Previous Page

Next Page

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy](#)

If the respondent selects “yes”, it takes them to the below training website that is updated on a continuous basis: <https://www.gsa.gov/about-us/events-and-training/gsa-events>

### GSA Events

#### Upcoming Events and Training

[GSA events by region](#) [Past events](#)

Filter by Category:  Filter by location:  [Filter](#)

Date	Description	Location
------	-------------	----------

If the respondent selects “no”, it takes them to the end of the survey and the below “Thank you” message will appear.



Thank you for participating in our training survey! We value your feedback. Please click the "Submit" button to complete the survey.

Submit

[Form Approved OMB# 3090-0297 Exp. Date 06/30/2025 and Privacy Policy.](#)