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

GSA

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.

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GSA

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   [   ]
Time (Optional)   [   ]
Presenter (Optional) [   ]

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GSA

Please rate the following statements. (Response required)

	1 - Strongly disagree	2 - Disagree	3 - Neither agree nor disagree	4 - Agree	5 - Strongly Agree	N/A
Training class met my needs	○	○	○	○	○	○
Presenter was knowledgeable of material	○	○	○	○	○	○
Presenter was engaging	○	○	○	○	○	○
The presenter managed the time well	○	○	○	○	○	○

The training course
was interactive   ○   ○   ○   ○   ○   ○

Please provide any **additional feedback** you have on your training class.

Overall, how likely are you to recommend this training to a colleague? (Response required)

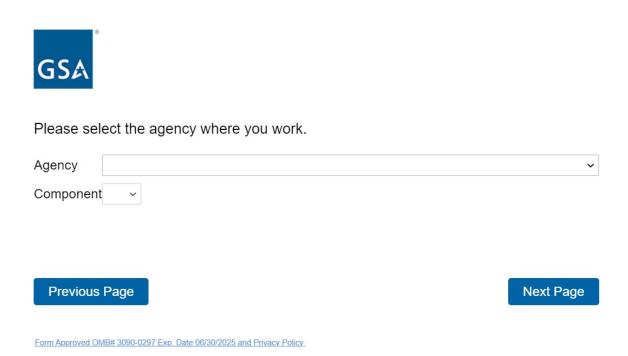| 1 - Not at all likely	2	3	4	5	6	7	8	9	10 - Very likely
○	○	○	○	○	○	○	○	○	○

GSA

What organization do you work for? (Response required)

Government
Industry

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.

GSA

Please select the agency where you work.

Agency [⌄]

Component [⌄]

[Previous Page]   [Next Page]

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.

GSA

Please specify the agency you work for.

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

![GSA logo]

Please specify the company you work for.

[text area]

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GSA

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".

GSA

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

First Name

Last Name

Email Address

Telephone Number

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Next Page

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

Submit

Professional Service Human Capital Survey Path Questions

GSA

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.

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GSA

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

○ Specific need for an upcoming requirment
○ General knowledge
○ Continuous Learning Points (CLPs)
○ Other [   ]

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GSA

Please rate the following statements. (Response required)

	1 - Strongly disagree	2 - Disagree	3 - Neither agree nor disagree	4 - Agree	5 - Strongly Agree	N/A
Training class met my needs	○	○	○	○	○	○
Presenter was knowledgeable of material	○	○	○	○	○	○
Presenter was engaging	○	○	○	○	○	○
The presenter managed the time well	○	○	○	○	○	○

The training course
was interactive
◯　　　◯　　　◯　　　◯　　　◯　　　◯

Please provide any **additional feedback** you have on your training class.

Overall, how likely are you to recommend this training to a colleague? (Response required)

1 - Not at all likely	2	3	4	5	6	7	8	9	10 - Very likely
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

What organization do you work for? (Response required)

Government
Industry

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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

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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.

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

Please specify the company you work for.

[   ]

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GSA

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.

GSA

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

First Name   [   ]

Last Name   [   ]

Email Address   [   ]

Telephone Number   [   ]

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GSA

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

Submit

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.

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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)

![GSA logo]

Please rate the following statements. (Response required)

	1 - Strongly disagree	2 - Disagree	3 - Neither agree nor disagree	4 - Agree	5 - Strongly Agree	N/A
Training class met my needs	○	○	○	○	○	○
Presenter was knowledgeable of material	○	○	○	○	○	○
Presenter was engaging	○	○	○	○	○	○
The presenter managed the time well	○	○	○	○	○	○

The training course was interactive   ○   ○   ○   ○   ○   ○

Please provide any **additional feedback** you have on your training class.

Overall, how likely are you to recommend this training to a colleague? (Response required)

1 - Not at all likely	2	3	4	5	6	7	8	9	10 - Very likely
○	○	○	○	○	○	○	○	○	○

![GSA logo]

What organization do you work for? (Response required)

⌄

Government
Industry

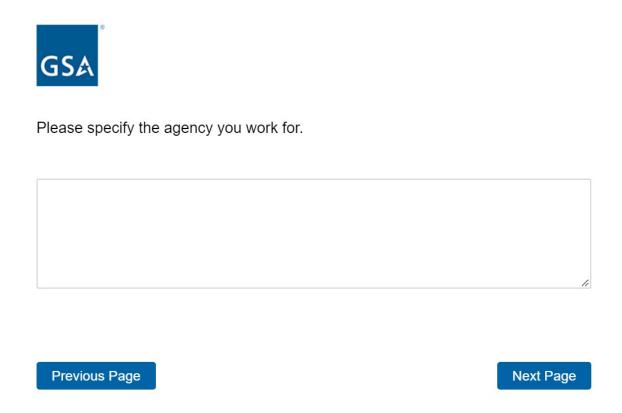**Previous Page**   **Next Page**

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.

![GSA logo]

Please select the agency where you work.

Agency | ⌄ |
|---|

Component | ⌄ |

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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.

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

Please specify the company you work for.

[ ]

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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.

GSA

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

First Name

Last Name

Email Address

Telephone Number

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Would you like to learn more about upcoming GSA training?

◯ Yes

◯ No

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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:

| - All Categories -   ⇕ | | - All States -   ⇕ | | **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.

GSA

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

Submit