

# NIST Training Evaluation

**Directions:** Please circle the appropriate score.

Include additional comments where applicable. Please print legibly. Use the bottom of the last page, if necessary.

1. Overall Satisfaction	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	Doesn't Apply
a. Considering the stated objectives, this training met my expectations:	1	2	3	4	5	6	N/A
b. I would recommend this training to others:	1	2	3	4	5	6	N/A

c. What did you like best about the training? Why?

d. What did you like least about the training? Why?

e. If I were to improve this training to make it more effective, I would:

2. Instructor Satisfaction:	Needs Improvement	Marginal	Acceptable	Good	Very Good	Outstanding	Don't Know or Doesn't Apply
2.1a <u>Instructor</u> was knowledgeable about the subject:	1	2	3	4	5	6	N/A
2.1b <u>Instructor's</u> presentation of the content was clear and informative:	1	2	3	4	5	6	N/A
2.1c <u>Instructor</u> was prepared and organized for the class:	1	2	3	4	5	6	N/A

Instructor Feedback:

2.2a <u>Instructor</u> was knowledgeable about the subject:	1	2	3	4	5	6	N/A
2.2b <u>Instructor's</u> presentation of the content was clear and informative:	1	2	3	4	5	6	N/A
2.2c <u>Instructor</u> was prepared and organized for the class:	1	2	3	4	5	6	N/A

Instructor Feedback:

2.3a <u>Guest Speaker</u> was knowledgeable about the subject:	1	2	3	4	5	6	N/A
2.3b <u>Guest Speaker</u> presentation of the content was clear and informative:	1	2	3	4	5	6	N/A
2.3c <u>Guest Speaker</u> was prepared and organized for the class:	1	2	3	4	5	6	N/A

Instructor Feedback:

The following contributed to my learning:	Disagree	Somewhat Disagree	Neutral	Somewh at Agree	Agree	Strongly Agree	Doesn't Apply
d. Presentations	1	2	3	4	5	6	N/A
e. Audio/visual aids	1	2	3	4	5	6	N/A
f. Demonstrations	1	2	3	4	5	6	N/A
g. Work groups	1	2	3	4	5	6	N/A
h. Hands-on activities	1	2	3	4	5	6	N/A
i. Question and answer time	1	2	3	4	5	6	N/A
j. Homework	1	2	3	4	5	6	N/A
k. Handouts and materials	1	2	3	4	5	6	N/A
l. Field trip	1	2	3	4	5	6	N/A

<b>3. Learning.</b> Please assess your understanding of this topic based on your participation in this training:	No Knowledge	Somewhat Familiar	Familiar	Very Familiar	Able to Implement	Able to Implement and Share Examples
a. Prior to this training:	0	1	2	3	4	5
b. At the end of this training:	0	1	2	3	4	5
c. Indicate years of experience with this topic (Circle one):	Less than 1		1-5		Greater than 5	
d. The content level of difficulty was (Circle one):	Too Difficult		Acceptable		Too Easy	
e. The length of the course was (Circle one):	Too Long		Acceptable		Too Short	
f. The pace of the course was (Circle one):	Too Slow		Acceptable		Too Fast	
g. The technical content was applicable to my work (Circle one):	Disagree		Somewhat Agree		Fully Agree	

<b>4. Satisfaction: Administration &amp; Facility</b>	Needs Improvement	Marginal	Acceptable	Good	Very Good	Outstanding	Doesn't Apply
a. The online enrollment process was:	1	2	3	4	5	6	N/A
b. The payment process was:	1	2	3	4	5	6	N/A
c. The classroom was conducive to learning:	1	2	3	4	5	6	N/A

d. Any specific classroom aspects that needed improvement (select all those that apply):

- lighting   
 sound   
 seating   
 temperature   
 equipment   
 location   
 other \_\_\_\_\_

### 5. Application

a. I learned and will apply the following three things in the performance of my job:

- 1)
- 2)
- 3)

### 6. Needs Assessment

Considering the subject of this training as well as any other topics important to your work, what additional training and/or support tools (e.g., procedures, spreadsheets, etc.) do you need to help you improve the performance of your responsibilities?

### 7. General

a. How did you first hear about this training event (select one)?

- At Work/My Employer   
 Website/Search Engine   
 Conference/Exhibition   
 NIST Training  
 NIST Email/Newsletter   
 NIST Flyer   
 NIST Website   
 Other

b. Please add further comments that you have:

c. Contact information (optional):

Name: \_\_\_\_\_ email: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0033. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 05 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology, Attn: Isabel Chavez Baucom, isabel.chavez.baucom@nist.gov, 301-975-2128.

## 45-Day Follow-Up Questions

Please answer the following questions regarding the training  [Title]  held on  [Date]  in  [Location] , and return survey to \_\_\_\_\_.

1. If you have applied something from the training, what did you apply and has there been an impact? (Please describe and provide examples of what you applied and, if possible, quantify impact).

2. If you have not applied anything from this training, but intended to do so, what were/are the barriers that have prevented your implementation? Please explain.

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Class Title

Date of Class