## SOaR Participant End of Training Survey Questions

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|  | Thank you for taking a webinar through the SOaR program. In an effort to improve  our training offerings, please complete this short 5-minute survey. Your voluntary response is confidential and data will be analyzed in aggregated form only.  For questions regarding the purpose of the survey, contact SETD@uspto.gov. If you encounter any problems with the survey instrument, contact Michael Easdale  (michael.easdale@uspto.gov).  Thank you in advance for your honest feedback in this important survey.  Click 'Next' below to begin.  *Under the Paperwork Reduction Act of 1995, persons are not required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number of this information collection is 0651-0080. The United States Patent and Trademark Office (USPTO) is conducting this survey to gather feedback associated with filing documents in Patent Center. The USPTO estimates that it will take respondents approximately 5 minutes to complete the survey. This collection of information is voluntary in accordance with E.O. 12862, “Setting Customer Service Standards.” Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.* |
|  | **When thinking about the topic and presentation, please rate the sequence of the lessons in terms of being difficult or easy to follow.**   |  |  |  |  | | --- | --- | --- | --- | | Very difficult to follow | Somewhat difficult to follow | Somewhat easy and logical to follow | Very easy and logical to follow | |  |  |  |  | |
|  | **When thinking about the topic and presentations, how relevant were the training materials to your situation?**   |  |  |  |  | | --- | --- | --- | --- | | Not at all relevant | Somewhat relevant | Reasonable relevant | Very relevant | |  |  |  |  | |
|  | **Please rate the adequacy of the time devoted to the topic?**   |  |  |  | | --- | --- | --- | | Too Little | Just Right | Too Much | |  |  |  | |
|  | **How well do you feel you understand the knowledge and concepts taught?**   1. I have little understanding, with some confusion and/or blind spots 2. I have a basic familiarity 3. I have a solid understanding 4. I have a comprehensive understanding |
|  | **Please rate your confidence level in using the knowledge and skills gained from this presentation into your patent related efforts.**   1. Not confident at all 2. Somewhat confident 3. Reasonably confident 4. Very confident |
|  | **Based on this learning experience, what do you feel you’ll be better able to do?**  [Text field] |
|  | **Which topics would you be most interested in taking an advanced course in regarding UTILITY patent applications?**  PTAB and appeals  After final rejection  35 USC 101 – Subject Matter Eligibility  Double Patenting and Restriction  35 USC 102 – Anticipation  35 USC 103 - Obviousness  Claim Interpretation  35 USC 112(a) – Written Description  35 USC 112(b) – Definiteness  35 USC 112(f) – Means plus function  Overview Training on the Examination Process  Specification requirements  Claim drafting requirements  Drawing requirements  Patent application filing requirements  Interview practice with examiners  Responding to pre-examination notices  Responding to office actions  Understanding application forms  Other (please specify) |
|  | **Which topics would you be most interested in taking an advanced course in regarding DESIGN patent applications?**  PTAB and appeals  After final rejection  35 USC 101 – Subject Matter Eligibility  Double Patenting and Restriction  35 USC 102 – Anticipation  35 USC 103 - Obviousness  Claim Interpretation  35 USC 112(a) – Written Description  35 USC 112(b) – Definiteness  35 USC 112(f) – Means plus function  Overview Training on the Examination Process  Specification requirements  Drawing requirements  Patent application filing requirements  Interview practice with examiners  Responding to pre-examination notices  Responding to office actions  Understanding application forms  Other (please specify) |
|  | **Please rate your overall satisfaction with the course**   1. Very dissatisfied 2. Dissatisfied 3. Satisfied 4. Very satisfied |
|  | **How likely will you be to recommend this course to someone else?**   1. Would not recommend 2. Recommend if substantive changes made 3. Likely to recommend 4. Recommend with no hesitation |
|  | **If selected “Recommend if substantive changes made” or “would not recommend” in number 10.**  **What changes would you recommend to improve the course?**  [Text Field] |
|  | **Thank you for taking the SOaR survey. Your responses will help us to evaluate and, if necessary, improve the course.**  **Clicking 'Done' below will submit your answers, close the survey window, and redirect you to the external USPTO website.**  **When you are satisfied that your responses are complete, click 'Done'.** |