

*The screen capture images that follow show ALL of the questions included in the survey. Questions numbered with decimals (i.e., 2.1, 2.2, 2.3, 2.4, 6.1, and 6.2) are only displayed when a preceding response option is selected, triggering the display logic for the sub-question. For example, selecting the response option “Other, please specify.” triggers display of a follow-up question and open-ended response text box.*

*The actual survey appears as one web page; this enables the respondent to view the entire set of questions except the questions that appear only when a specific option is selected. The pagination of this document is used to accommodate the screen capture images.*

*An example of the survey can be viewed online at the following generic URL containing placeholder class dates and course ID information:*

`https://survey.foreseeresults.com/survey/display?  
cid=FJo99FIhUB5oc1gZdcI5sA4C&sid=train-feedback&cpp  
%5bstart_date%5d=10/25/2021&cpp%5bend_date%5d=11/04/2021&cpp  
%5bcourse_Id%5d=GN101.01`

This questionnaire provides you an opportunity to provide feedback on a Defense Counterintelligence and Security Agency (DCSA) Center for Development of Security Excellence (CDSE) learning event you completed several months ago.

Your feedback helps us maintain a high quality curriculum and improve our offerings. Responses are aggregated and shared with instructors and managers.

Responding will take about 12 minutes or less.

No personally identifiable information is requested. If you need a personal response concerning training, please use the "Contact Us" link on the CDSE homepage at <http://www.cdse.edu/contact.html>.

Agency Disclosure Notice

OMB CONTROL NUMBER: 0704-0553

Expiration date: 5/31/2025

The public reporting burden for this collection of information, 0704-0553, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send

comments regarding the burden estimate or burden reduction suggestions to the

Department of Defense, Washington Headquarters Services, at

[whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

[illegible]

2: \*Please select the statement that best reflects your experience related to the training.

- ☐ I was able to apply what I learned immediately
- ☐ I have been able to apply what I learned since taking the course
- ☒ I haven't yet applied what I learned in the course but plan to do so in the future
- ☐ I do not expect to use the knowledge or skills I gained in the course in my current job
- ☐ Other (Please specify)

2.2: \*What is the primary reason you have not yet been able, or do not expect, to use what you learned in the course in the performance of your current job?

- ☐ My job has changed
- ☐ Lack of supervisor or organizational support
- ☐ The course content was not relevant to my job
- ☐ I took the course to prepare for advancement or promotion
- ☐ I took the course for professional development/career broadening but don't use it on the job at this time
- ☐ I took the course as part of a certification program, but don't use it on the job at this time
- ☐ I took the course to prepare for a new job I have not started yet
- ☐ The nature of my work has changed and the course content is no longer relevant
- ☐ The tools/technology I use have changed and the content is no longer relevant
- ☐ Other (Please specify)

2: \*Please select the statement that best reflects your experience related to the training.

- ☐ I was able to apply what I learned immediately
- ☐ I have been able to apply what I learned since taking the course
- ☐ I haven't yet applied what I learned in the course but plan to do so in the future
- ☐ I do not expect to use the knowledge or skills I gained in the course in my current job
- ☒ Other (Please specify)

2.1: Please specify your *Other* experience related to the training.

1,000 Characters Remaining

3: Please describe your purposes for enrolling.

1,000 Characters Remaining

4: Please provide recommendations for course improvements that would better enable you to use what you learned to improve your job performance.

1,000 Characters Remaining

5: \*I have been able to use the course materials, including references, to help me better execute my job responsibilities.

1=Strongly Disagree

Strongly Agree=10

1 2 3 4 5 6 7 8 9 10 Don't Know  
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

6: \*Completing this training was a worthwhile investment in my job success or career development.

1=Strongly Disagree

Strongly Agree=10

1 2 3 4 5 6 7 8 9 10  
☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

6.1: Why was this training NOT a worthwhile investment in your job success or career development.

1,000 Characters Remaining

6: \*Completing this training was a worthwhile investment in my job success or career development.

1=Strongly Disagree

Strongly Agree=10

1 2 3 4 5 6 7 8 9 10  
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☒

6.2: Why was this training a worthwhile investment in your job success or career development.

1,000 Characters Remaining

7: \*The security policies and procedures I learned in this training helped me make improvements to security practices in my organization.

1=Strongly Disagree

Strongly Agree=10

|                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Thank you for taking our survey - and for helping us serve you better.  
We appreciate your input!

**Submit**

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