CDC estimates the average public reporting burden for this collection of information as 4 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

**Post-Program Assessment Instrument**

Thank you for participating in the program. **Your feedback is very important** as we plan for future programs to help strengthen the public health workforce.

1. **Based on your experience since completing the program, to what extent do you agree with the following statements about the program?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
| 1. The meeting schedule aligned with my schedule.
 | ❒ | ❒ | ❒ | ❒ | ❒ |
| 1. The meeting program timing aligned with my schedule
 | ❒ | ❒ | ❒ | ❒ | ❒ |
| 1. I was able to work on the priority areas of focus of the program.
 | ❒ | ❒ | ❒ | ❒ | ❒ |
| 1. Participating in the program has helped me improve my skills.
 | ❒ | ❒ | ❒ | ❒ | ❒ |
| 1. Participating in the program helped me improve my knowledge.
 | ❒ | ❒ | ❒ | ❒ | ❒ |
| 1. Overall, I am satisfied with what I learned in the program.
 | ❒ | ❒ | ❒ | ❒ | ❒ |

Strongly Disagree= 1; Disagree = 2; Unsure = 3; Agree= 4; Strongly Agree= 5

1. **Please rate your *level of confidence* in the following skills and knowledge before and after the program:**

| **How to T**  | Not confident | Somewhat confident | Unsure | Fairly confident  | Completely confident |
| --- | --- | --- | --- | --- | --- |
|  | a. Specific program skills or knowledge |
| **Before** program  | ❒ | ❒ | ❒ | ❒ | ❒ |
| **After** program | ❒ | ❒ | ❒ | ❒ | ❒ |
|  | b. Specific program skills or knowledge |
| **Before** program | ❒ | ❒ | ❒ | ❒ | ❒ |
| **After** program | ❒ | ❒ | ❒ | ❒ | ❒ |
|  | c. Program skills or knowledge |
| **Before** program | ❒ | ❒ | ❒ | ❒ | ❒ |
| **After** program | ❒ | ❒ | ❒ | ❒ | ❒ |
|  | d. Program skills or knowledge |
| **Before** program | ❒ | ❒ | ❒ | ❒ | ❒ |
| **After** program | ❒ | ❒ | ❒ | ❒ | ❒ |

Not at all confident = 1; Somewhat confident = 2; Unsure = 3; Fairly confident = 4; Completely confident = 5

1. **In which skill(s) and knowledge do you think you have made the most improvement, and why?**

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1. **In which skill(s) and knowledge do you think you have made the least improvement, and why?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Were there other skills and knowledge where you needed coaching that were not addressed by your coach? If so, what were they?**

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1. **Was there any other support that would have improved your experience in the program?**

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