

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

Class Title

Date of Class

3. Learning. 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	

4. Satisfaction: Administration & Facility	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: _____

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

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.

Date of Class