**OMB Control No. 0693-0033**
**Expiration Date: 09-30-2025**

# 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** Instructor was knowledgeable about the subject: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| **2.1b** Instructor's presentation of the content was clear and informative: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| **2.1c** Instructor was prepared and organized for the class: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| Instructor Feedback: | | | | | | | |
| **2.2a** Instructor was knowledgeable about the subject: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| **2.2b** Instructor's presentation of the content was clear and informative: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| **2.2c** Instructor was prepared and organized for the class: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| Instructor Feedback: | | | | | | | |
| **2.3a** Guest Speaker was knowledgeable about the subject: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| **2.3b** Guest Speaker presentation of the content was clear and informative: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| **2.3c** Guest Speaker 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 |

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| 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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# 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.