

Training Session Evaluation Form

**Training Session**:

**Date of Training**:

Thank you for participating in this Network of the National Library of Medicine (NNLM) training session. Please take a moment to give us feedback on your experience. Your responses are anonymous. Your participation is voluntary, but your feedback will be very helpful for planning future NNLM training sessions. We estimate that this survey will take less than 5 minutes.

The information gathered through this form will be shared with the Network of the National Library of Medicine for program improvement purposes. Please direct any questions about this survey to the NNLM Region 1 Office: region1@nnlm.gov.

**Please indicate your level of agreement with the following statements about the NNLM training that you attended. The NNLM training that I attended (was)...**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| engaging | O | O | O | O | O |
| informative | O | O | O | O | O |
| well-paced | O | O | O | O | O |
| led by a knowledgeable instructor | O | O | O | O | O |
| used examples and/or images reflecting diverse populations | O | O | O | O | O |

**To what extend did this training increase your knowledge in the following areas?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Somewhat | To a great extent | Not applicable |
| learning about new resource(s) to explore and use | O | O | O | O |
| increasing knowledge of familiar resources | O | O | O | O |
| increasing understanding/awareness of specific audiences or populations | O | O | O | O |

**To what extent did this training increase your skills in the following areas?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Somewhat | To a great extent | Not applicable |
| using a specific NLM resource | O | O | O | O |
| finding a useful health information online | O | O | O | O |
| evaluating the quality of health information | O | O | O | O |
| communicating health information to others | O | O | O | O |
| working with data and/or datasets | O | O | O | O |

**What was the most useful aspect of this training and why?**

**What suggestions do you have to improve this training (e.g. more/less discussion of particular topic areas, feedback on accessibility, usefulness, ease of understanding, etc.)?**

**One a scale of 1 to 10, how likely are you to:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 (Not at all likely) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (Extremely likely) |
| Attend other trainings offered by NNLM | O | O | O | O | O | O | O | O | O | O |
| Recommend NNLM trainings to one or more colleagues | O | O | O | O | O | O | O | O | O | O |

**What actions do you plan to take as a result of this training?**

**I am likely to:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not applicable |
| start using new resources or tools | O | O | O |
| use more features of familiar resources or tools | O | O | O |
| create or update an information resource | O | O | O |
| share skills or resources learned with others | O | O | O |
| apply for funding | O | O | O |
| explore more advanced related topics | O | O | O |
| plan a program, class, or activity | O | O | O |
| other (please specify below): | O | O | O |

**Please tell us more about how you plan to use the information gained in this training.**

**How will this training impact your workplace and career? I expect to:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not applicable |
| work more efficiently | O | O | O |
| complete new tasks | O | O | O |
| support my end users’/patrons’ needs more effectively | O | O | O |
| engage new audiences or populations | O | O | O |
| advance my career | O | O | O |
| other (please specify below): | O | O | O |

**Please tell us more about how this training may your workplace and career.**

**What topics would you like to learn about in future trainings?**