

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
informative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
well-paced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
led by a knowledgeable instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used examples and/or images reflecting diverse populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
increasing knowledge of familiar resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
increasing understanding/awareness of specific audiences or populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
finding a useful health information online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
evaluating the quality of health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
communicating health information to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
working with data and/or datasets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<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"/>
Recommend NNLM trainings to one or more colleagues	<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"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use more features of familiar resources or tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
create or update an information resource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
share skills or resources learned with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
apply for funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
explore more advanced related topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
plan a program, class, or activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other (please specify below):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
complete new tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
support my end users'/patrons' needs more effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
engage new audiences or populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
advance my career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other (please specify below):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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