

# *EOTA – Business Form*



*Document Title:*

**WBT Student Feedback Survey**

*Document Number:*

**ISDF-005 Rev. 11\_0414**

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*Parent Document:*

**ISDP-002, Training Production Process**

*Notify of Changes:*

**ISD, QAM, ITT, MGT**

*Referenced Document(s):*

**ISDP-013 WBT Course Implementation Process**

***Revision History:***

<b>Rev.</b>	<b>Description of Change</b>
<b>A</b>	<b>Initial Release</b>
<b>07_1203</b>	<b>Development of new survey instrument.</b>
<b>10_0630</b>	<b>Reviewed for TPP</b>
<b>11_0414</b>	<b>Updated survey questions</b>



Your feedback is both needed and appreciated as it helps us continually improve our on-line training and course materials. *Thank you.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Years Experience in Emergency Operations /Response:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Please, check one:**

- DOE/NNSA Federal Employee
- DOE/NNSA Contractor
- Other (Please, identify) \_\_\_\_\_

**Highest level of education:**

- High School or equivalent
- Some college
- Undergraduate
- Postgraduate
- PhD

**Directions:** Please, select the appropriate ratings that reflect your opinion in the sections below. Provide additional comments in the area provided. (*radio buttons; participant may only choose one rating per line and must complete each line*)

ON-LINE TRAINING FORMAT	Excellent	Very Good	Good	Fair	Poor	N / A
Ease of navigation through the course	<input type="radio"/>					
Presentation of material	<input type="radio"/>					
Appropriate amount of course information	<input type="radio"/>					
Course effectiveness enhanced by the knowledge checks/interactive exercises (where used)	<input type="radio"/>					
How would you rate the overall quality of the Online Training Format	<input type="radio"/>					

Additional Comments related to the *On-Line Training Format* **section:**

<b>COURSE OBJECTIVES AND CONTENT</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N / A</b>
Prerequisite(s) provided an adequate foundation for this course	<input type="radio"/>					
Learning objectives were clearly stated	<input type="radio"/>					
Learning objectives were aligned to the content	<input type="radio"/>					
Content was logically sequenced	<input type="radio"/>					
Pace of the course was appropriate	<input type="radio"/>					
Enhanced understanding of the content	<input type="radio"/>					
Content was engaging	<input type="radio"/>					
Supported my knowledge and/or skills for job performance	<input type="radio"/>					
How would you rate the overall quality of the course objectives and content	<input type="radio"/>					
Level of knowledge <i>before</i> completing this course	<input type="radio"/>					
Level of knowledge <i>after</i> completing this course	<input type="radio"/>					

Additional Comments related to the *Course Objectives and Content* section:

<b>LEARNING REFERENCES / RESOURCES</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N / A</b>
Usefulness of course resources/links	<input type="radio"/>					
How would you rate the overall quality of the learning references/resources	<input type="radio"/>					

Additional Comments related to the *Learning References/Resources*:

## GENERAL

What additional features to the web-based training would you like to have?

What additional suggestions do you have for improvements to this course?

What element(s) of the course contributed most to your learning?

Of the resources provided, which will you most likely use in the next three (3) months?

If you would be available for a follow-up phone call or email for clarification of your comments please provide contact information.