

1. Training Session Survey

Please respond to each of the statements below using the following rating scale:

0 - Neutral/Not Applicable

1 - Strongly Disagree

2 - Disagree

3 - Agree

4 - Strongly Agree

* 1. The training material covered was relevant to my job.

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 2. The prerequisite requirements were appropriate (if applicable).

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 3. The material was presented in an interesting way.

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 4. The stated learning objectives were met.

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 5. The instructional medium was effective (e.g. instructor-led, web-based, blended).

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 6. The handouts were satisfactory.

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 7. The technology functioned efficiently (i.e. WebEx, NetMeeting, videoconference).

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 8. The visual aids/diagrams were effective.

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 9. The suggested resources will be of help to me.

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 10. I will be able to apply much of the material to my job.

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 11. The training facilities were suitable.

jm 0

jm 1

jm 2

jm 3

jm 4

Comments

* 12. The training schedule was suitable.

jn 0

jn 1

jn 2

jn 3

jn 4

Comments

* 13. There was a good balance between core material presentation and audience interaction.

jn 0

jn 1

jn 2

jn 3

jn 4

Comments

* 14. This material will help me do my job better.

jn 0

jn 1

jn 2

jn 3

jn 4

Comments

2. General Information

Please respond to the questions below.

* 1. Enter your full name below.

* 2. Identify your audit group below.

Administration

BATR

CCRM

CMTF

Compliance

PPG

ReBHL

* 3. Identify your level below.

Audit Staff (Consultants and Seniors)

Audit Supervisor

Audit Manager

Senior Audit Manager

Director

* 4. Identify your location below.

Chatsworth

Dallas

San Francisco

Seattle

Other (please specify)

3. Attendance Attestation

Refer to the Training Calendar for the information requested below.

* 1. I attended the Hiring Excellence Training Session on September 16th for the duration of:

1/2 Hour

1 Hour

1 1/2 Hours

2 Hours

3 Hours

Other (please specify)

* 2. Numbers of CPE earned (50 mins. = 1 CPE, 25 mins. = .5 CPE)

1 Credit

2 Credits

3 Credits

4 Credits

Other (please specify)

* 3. Instructor name

* 4. Subject Area (select 1)

NTECH

A&A,TECH