


Public Health Training Feedback Form


Thank you for joining the Indian Affairs Public Health Team's training session on COVID-19 Refresher Guidance! We value your feedback and want to improve our training sessions to make them as useful as possible. Thank you for all you do for Indian Affairs, your school, your agency, or your community.


* Required


1.  Please rate the effectiveness of this training by marking your opinion of each statement below. *

1=strongly disagree | 2=disagree | 3=neutral | 4=agree | 5=strongly agree

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The training objectives were clearly defined. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The training content and structure were clear and logical. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The training achieved the learning objectives. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The trainer was knowledgeable in the subject matter presented. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| You are likely to use the information from this training in your workplace or organization. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.  What did you like the most about the training?

3.  What would you suggest to improve this training?

4.  What other health and safety training topics are of interest to you?

Paperwork Reduction Act Statement

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to gather feedback and improve the effectiveness of our public health and safety training. Your response is voluntary and we will not share the results publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. OMB has reviewed and approved this survey and assigned OMB Control Number 1090-0011, which expires 08/31/2024.

Estimated Burden Statement: We estimate the survey will take you 5 minutes to complete, including time to read instructions, gather information, and complete and submit the survey. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, Bureau of Indian Affairs, Office of Regulatory Affairs and Collaborative Action, 1001 Indian School Road NW, Suite 312, Albuquerque, NM 87104.

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