



Transition Center

Survey Intro

{e://Field/Evaluation%20Survey%20Title} Evaluation Survey

Thank you for taking the time to complete
the {e://Field/Evaluation%20Survey%20Title} Evaluation Survey for the session on
{e://Field/Evaluation%20Survey%20Course%20Date}.

Your feedback will help us improve our content and delivery for future instances
of {e://Field/Evaluation%20Survey%20Title}. Your responses are anonymous.

The survey should take no more than **5** minutes to complete.

Evaluation Core Questions

Please indicate your level of agreement with the following statement:

Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The knowledge, skills, and/or attitudes I have learned in this course will help me be more prepared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident I will be able to apply what I learned in this course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This course kept me actively engaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how you would describe the quality of the course overall:

☐
Terrible

☐
Poor

☐
Average

☐
Good

☐
Excellent

Division-Specific Questions

The following objectives were clearly identified:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Identify key offices for parents with special educational needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about the resources available for meeting special education needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide an opportunity to seek answers and find support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following objectives were achieved:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Identify key offices for parents with special educational needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about the resources available for meeting special education needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide an opportunity to seek answers and find support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like about this course or find most helpful about this course?

General comments/suggestions for improving this course:

Demographic Questions

Are you affiliated with:

- ☐ Department of State
- ☐ U.S. Agency for International Development (USAID)
- ☐ Department of Agriculture (USDA)
- ☐ Department of Commerce
- ☐ Department of Defense (DOD)
- ☐ Centers for Disease Control (CDC)
- ☐ Drug Enforcement Administration (DEA)
- ☐ Department of Justice (DOJ)
- ☐ Federal Bureau of Investigation (FBI)

- ☐ Department of Homeland Security
- ☐ Peace Corps
- ☐ Other:

Which best describes you?

(select all that apply)

- ☐ Foreign Service Generalist (DOS)
- ☐ Foreign Service Specialist (DOS)
- ☐ Foreign Service (Other Agency)
- ☐ Civil Service
- ☐ Eligible Family Member
- ☐ Member of Household
- ☐ Contractor / Personal Service Contractor
- ☐ Re-employed Annuitant / When Actually Employed
- ☐ Locally Employed Staff / Foreign Service National
- ☐ Other (please specify):

Current Grade Level:

- ☐ SFS, SES, SL, or equivalent
- ☐ FS-01, GS-15, or equivalent
- ☐ FS-02 to 03, GS-13 to 14, FSN-12, or equivalent
- ☐ FS-04 to 06, GS-09 to 12, FSN-08 to 11, or equivalent
- ☐ FS-07 to 09, GS-05 to 08, FSN-05 to 07, or equivalent
- ☐ GS-04 or lower, FSN-04 or lower
- ☐ Not applicable (Contractor, EFM, or Other)

How many years have you been affiliated with your agency as a direct hire, contractor, and/or family member?

- ☐ 0 - 5
- ☐ 6 - 10
- ☐ 11 - 15
- ☐ 16+



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