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This survey should take approximately 5 minutes to complete.

All questions are optional and you may exit the survey at any time.

1. Please enter your name

* 2. You registered for "TRACO". Did you attend the course/program?

☐ No

☐ Yes

* 3. Any particular reason why not?

* 4. How much of the course/program did you complete?

- ☐ Attended the entire course/all sessions
- ☐ Attended half (or more) of the course/sessions
- ☐ Attended less than half of the course/sessions

If you completed less than half of the course/sessions, please explain why.

* 5. How would you rate the course overall? 1-5 (lowest to highest)

☐ ☐ ☐ ☐ ☐

* 6. Please indicate how satisfied you are with each of the following topic areas:

	Not at all	Very little	Somewhat	To a great extent
Training objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration/Length of course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support throughout the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 7. What was your favorite part of the course?

* 8. What was your least favorite part of the course?

* 9. Are there any gaps in the course that need to be addressed?

* 10. How has this course helped your professional development?

* 11. How likely are you to recommend this course to your peers?

not at all
likely

extremely
likely

☐☐☐☐☐☐☐☐☐☐

* 12. Is there anything else you like us to know about your experience?