Operating-Unit Organizational Learning Engagement Follow-Up Feedback Form - Learning and Organizational Development Team

Thank you for your participation in this anonymous survey.

PRIVACY NOTICE: The Global Health Office of Professional Development & Management Support (PDMS) Learning and Organizational Development (LOD) Team will use this data to improve future LOD engagements. We will also use aggregated data in programmatic reporting and analysis of LOD programming. The results of the survey, including aggregated results, will be shared with Global Health (GH) leadership and Mission Health Office leadership, but your individual responses will not be attributed or linked to you. Your participation will help ensure adequate representation of your views in the final results and outcomes. Completion of this survey is voluntary. You may choose to respond to all or any of the questions. If you agree to participate, you may withdraw your participation in the survey at any time by simply exiting the survey. Please note that we are not requiring the disclosure of respondent email addresses, and would encourage you *not* to include any personally identifiable information for yourself or others in your responses below.

For more information, please contact shiltebeitel@usaid.gov.

Paperwork Reduction Act Statement

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Act unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0412-0609 (expires 05/31/2027). Without this approval, we could not conduct this survey. Public reporting for this survey is estimated to be approximately five minutes per response. All responses to this survey are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to icrteam@usaid.gov.

Please do not include personally identifying information (PII) in free text fields.

* Indicates required question

1. You participated in the [Title of engagement]. The intention of this [engagement] was that it would contribute to the *
following targeted improvements within [your team]:

1) Do you agree that participation in this [engagement] has contributed to the following targeted improvements within [your team]:

Mark only one oval per row.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable or Unsure
Targeted Improvement 1: [Description of Targeted Improvement 1]	◯	◯	◯	◯	◯
Targeted Improvement 2: [Description of Targeted Improvement 2]	◯	◯	◯	◯	◯
Targeted Improvement 3: [Description of Targeted Improvement 2]	◯	◯	◯	◯	◯

1. You participated in the [Title of engagement]. The intention of this [engagement] was that it would contribute to the
following targeted improvements within [your team]:

1) Do you agree that participation in this [engagement] has contributed to the following targeted improvements within [your team]:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable or Unsure

2. Rate your agreement with the following statements: *

Mark only one oval per row.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable or Unsure
Overall, I believe that participation in this [engagement] contributed to one or more of the targeted improvements listed above within [my team]	◯	◯	◯	◯	◯
I feel confident about applying what I learned in this [engagement] back on the job	◯	◯	◯	◯	◯
I am committed to applying what I learned in this [engagement] back on the job	◯	◯	◯	◯	◯
I am already seeing positive results from my participation in this [engagement] on my job performance	◯	◯	◯	◯	◯
I am expecting additional positive results from future application of the skills I gained or improved as a result of participation in this [engagement]	◯	◯	◯	◯	◯

3. What supports, if any, have you experienced in applying what you learned from this [engagement] on the job, and what obstacles, if any, have you experienced in applying what you learned from this [engagement] on the job?

_____

_____

_____

_____

_____

4. Who has benefitted from your participation in in this [engagement]?

Check all that apply.

☐ Myself

☐ My supervisees

☐ My team

☐ My office

☐ My supervisor

☐ The broader USAID team

☐ The Inter-Agency team

☐ Host-government counterparts

☐ Local partners

☐ Implementing partners

☐ Other: _____

5. Please share any success stories resulting from your application of this [engagement] in your day-to-day work.

_____

_____

_____

_____

_____

Demographics

Global Health Office of Professional Development & Management Support (PDMS) Learning and Organizational Development (LOD) Team collects data on location, sex, and length of service for aggregated internal analysis to ensure that PDMS LOD offerings meet diverse client needs. PDMS LOD will never use this data to identify individual respondents.

As a reminder, all questions on this survey, including the questions in this section, are optional.

6. What location do you work in?

Mark only one oval.

◯ USAID/Washington

◯ USAID Mission/Regional Platform

◯ Other: _____

7. How would you describe yourself?

    Check all that apply.

    ☐ Female

    ☐ Male

    ☐ Transgender

    ☐ Other: _____

8. How many years have you worked at USAID?

    Mark only one oval.

    ◯ Less than one year

    ◯ One to two years

    ◯ Three to five years

    ◯ Six to eight years

    ◯ Nine or more years

Thank you!

You are all done!

Thank you for providing feedback about this [engagement] We appreciate you taking the time to provide feedback that we can use to improve future offerings.