

SAMPLE Level 3 & 4 Evaluation for Learners

Welcome

The INSERT DIVISION/AGENCY NAME appreciates your time in completing this survey. Your feedback helps us to improve the quality of the course you recently completed.

The purpose of this survey is to assess changes in your behavior as a result of your recent completion of part of INSERT PROGRAM. We will use your feedback to make improvements in the program. We anticipate the survey should take five (5) minutes to complete. Thank you for your feedback.

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Behavior

- * 1. Using the rating scale below, select the rating that best describes your current level of on the job application for each of the learning objectives.

	1 = Little or no application	2 = Mild degree of application	3 = Moderate degree of application	4 = Strong degree of application	5 = Very strong degree of application
Learning Objective:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Objective:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Objective:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- * 2. After attending this course, I applied what I learned to work:

	1 = Within one week	2 = Within 2-4 weeks	3 = Within 5-12 weeks	4 = I have not applied it, but plan to in the future	I have not applied it, and do not expect to apply it in the future.
Learning Objective:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Objective:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Objective:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 3. Rate the contribution of each of the following factors in the effectiveness of transferring the knowledge gained in the classroom to your work on the job:

	1 = Not at all	2 = Low	3 = Medium	4 = High
Discussed expectations of what application is to be achieved before completing the course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed expectations of what application is to be achieved after completing the course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed how to apply knowledge gained in a practical setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coaching from my supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support and/or encouragement from my supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support and/or encouragement from my peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belief that it would help me to be more effective in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Learning and Professional Development website resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Learning on Demand resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Lead Ohio SharePoint resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own determination and self-motivation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other contributing factors (please explain)

4. How will you ensure continued success and implementation of your newly acquired skills?

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Results/Impact

* 5. Rate the level of impact your have achieved as a result of applying what you have learned:

	1 = Not at all	2 = Low	3 = Medium	4 = High
Increased ability to develop goals that align to agency strategic initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased ability to coach my direct reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased ability to evaluate employee performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased productivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased customer satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased engagement with my team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other areas of increased ability (please explain)

6. Please add any personal examples of increased abilities.

* 7. Rate the level of impact your organization has achieved as a result of your participation in this course:

	1 = Disagree	2 =	3 =	4 = Agree
This course has positively impacted my ability to supervise my employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This course has enabled me to positively impact the strategic initiatives of my agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This course has enabled me to positively impact my relationships with my customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other impact(s) to your agency (please explain)

8. How can this program be improved to better support you in supervising your employees?

Thank you for completing the course and for taking time to provide your feedback.

Office of Talent Management
614-387-6183 
<http://das.ohio.gov/learning>